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ABSTRACT

A synthesis of data and major recommendations from foster care studies undertaken by the states of Arizona, California, Iowa, Massachusetts and Vermont, this report focuses on areas needing improvement. Covered in detail are: (1) the foster care system, its programs and goals; (2) foster children and their natural and foster families; (3) agency staffing and services; (4) fiscal considerations; and (5) community involvement. Emphasis is placed on the need to arouse public concern for action in improving foster care systems, which in the U.S. today involve some 400,000 children. Although differing in geographic location, ethnic composition and economic structure, all five states show similar inadequacies in their foster family service systems. Preventive and preplacement services are seen as particularly inadequate: family problems go unaided until the crisis state, forcing otherwise unnecessary foster care placement. Numbers of children in foster care then become overwhelming and children's needs and problems are neglected and increase in complexity, requiring specialized care facilities which are lacking. It is suggested that other states might find this report useful. Synopses of the major studies are included in the appendix. (Author/BF)

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A Synthesis and Analysis of Studies from Arizona, California, Iowa, Massachusetts, and Vermont

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FOSTER CARE IN FIVE STATES:

A Synthesis and Analysis of Studies from Arizona, California, Iowa, Massachusetts, and Vermont

by

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INTRODUCTION

This report is a synthesis of data and major recommendations from studies undertaken by the states of Arizona, California, Iowa, Massachusetts, and Vermont to evaluate their programs for the care of foster children and their families. Synopses of the purposes, methods, and major findings of the studies are appended to this report.

These five states are to be commended for taking the lead in probing into an area of public responsibility which has tremendous impact, not only on the lives of the children concerned, but also on the social and economic well-being of the country as a whole. It is never pleasant to expose shortcomings for all to see. However, only by careful scrutiny of programs in action can we hope to determine which approaches have fulfilled expectations, where we have been detoured, and which avenues have been counterproductive.

These five states have courageously turned the spotlight on their foster care systems in order to focus on areas needing improvement. None of the findings, recommendations, or conclusions in this report are intended as, nor should be construed to be, criticisms of the states, localities, or personnel concerned. Experience indicates that few problems or shortcomings are unique to any one area of the country. Major findings from the states studied indicate similar patterns of problems in foster care services, and it is incumbent on us to search for the causes in order to rectify conditions.

It is, therefore, hoped that other states might use this report as an impetus to investigate situations affecting f ·ter children in their areas. Perhaps we, the responsible citizens, have been complacent too long. We have been comfortable in our assumption that the battered, abused, neglected,

abandoned, or handicapped child, once removed from the "harmful influence" of his home, lives happily ever after. Not so. "Out of sight - out of mind" appears to be closer to the truth.

The foster care system has achieved much that is meritorious. Thousands of children have been helped to accomplish satisfying and fulfilling lives because of community concern for dependent children. Excellent services and facilities have been provided to help and treat many children. Social workers and agency personnel across the United States dedicate themselves to improving conditions for those in need. Countless foster parents volunteer to provide loving care for children who would not otherwise have a family to look after them.

However, there are thousands of children who are not receiving the attention they need to become self-sufficient, contributing members of society. It is these children which this report focuses upon, at the risk of accentuating the negative. We must remedy many shortcomings in the system before our goal is accomplished. Every child is precious. We cannot afford to neglect any of our foster children if we are to consider our job well done.

This report attempts to present a general picture of foster care programs and goals for effective service, children in the system and their natural families, foster families, agencies and program staff, fiscal considerations, and community involvement. Many of the reports deal at length with matters of local concern; material relevant only to specific localities is not included.

The reader is cautioned against placing undue emphasis on statistical data presented but encouraged instead to consider such data as an indication

of the probable extent or scope of an area needing attention. Data in the studies are often necessarily subjective. Case records and reviews must incorporate workers' assessments and opinions. Sample groups may not be typical of the whole, i.e., the natural parents participating in a survey are likely to be more stable than the group of parents as a whole because they are willing to participate, their addresses are known, and they keep interview appointments. Terms and categories used are not standardized; classifications used by one state might be more or less inclusive than those used by another state, e.g., some states terminate foster care at age 18 whereas others continue until age 21. A few states include delinquent children in their statewide caseload of foster children, but most do not. The Vermont study mentions that delinquent children are sent to Weeks School following court hearings. The Iowa study includes children cared for by probation officers. Other states' reports do not mention delinquent children as a group. Since the foster care system does not generally include children incarcerated for delinquency, it is probably safe to assume the caseloads do not include that category. This is not to say that foster children do not have behavior problems or occasionally display delinquent behavior. The data has not been validated, and although some has been checked for reliability, most has not.

An attempt has been made to present whatever data are available in categories relating to specific subjects. Where possible this material has been presented in tables or lists so that the reader can easily locate specific information. Data pertinent to a topic but not quantitatively comparable accompany the table. Where tabular form is not possible, a brief summary by

state is given. If no data are available on a state, the state is omitted from that topic.

Although there are shortcomings in the statistical data, the report does encompass a broad geographic and socioeconomic spectrum. We have information about the first and oldest foster care program in the United States, Massachusetts. Vermont represents one of the comparatively poor, rural sections of the country. California is the most populous and affluent of the United States. The Arizona study provides information on the only state studied having a majority of foster children in ethnic groups, e.g., native American Indian, Hispanic, and black. Massachusetts and Vermont are representative of the East Coast, Iowa represents the Midlands, Arizona represents the Southwest, and California represents the West Coast.

In view of the lack of current comprehensive data on foster care programs and their operation, it is hoped that this report will point the way toward needed changes and further investigation.

Studies synthesized are listed below. Unless otherwise specified, information or data cited from a particular state refers to studies listed. A brief summary of the scope of the studies follows the listings.

STUDIES SYNTHESIZED

The studies synthesized are listed alphabetically by state.

ARIZONA:

1. Foster Care Evaluation Program. July, 1974. Arizona Social Service Bureau; Program Development and Evaluation. Department of Economic Security. 1717 W. Jefferson, P. O. Box 6123, Phoenix, Arizona 85005. This study will be referred to throughout this report as The Arizona Evaluation.

2. Report on Arizona Foster Home Care Program. September 12, 1975. Kaplan, Morris, Chairman; Subcommittee to Review State Foster Care Program. (Report to the Arizona Department of Economic Security) 1717 W. Jefferson, P. O. Box 6123, Phoenix, Arizona 85005. This study will be referred to as The Arizona Report.

CALIFORNIA:

1. CDA Questionnaire Report. December, 1973. San Gabriel Valley, California. This report will be referred to as the San Gabriel Valley Questionnaire.

2. Children Waiting. Report on Foster Care. September, 1972. State of California; Health and Welfare Agency; Department of Social Welfare. 744 P. Street, Sacramento, California 95814.

3. Data Matters. Topical Reports; Children in Foster Care. Report register #340-0395-501. September 30, 1974. State of California Health and Welfare Agency. Department of Health.

4. Joint Legislative Audit Committee Reports (on Foster Home Care in California). 148.2. February 4, 1974. Thomas, Vincent, Chairman. Sacramento, California.

5. Review, Synthesis and Recommendations of Seven Foster Care Studies in California. 1974. Pascoe, Delmer J., M.D.; Project Director. The Children's Research Institute of California. P. O. Box 448, Sacramento, California 95802. Under the U.S. Department of Health, Education, and Welfare. This will be referred to as The California Synthesis.

IOWA:

Foster Care Survey. December, 1973. Iowa Department of Social Services; Bureau of Family and Adult Services; Report #1005. Lucas State Office Building, Des Moines, Iowa 50319. With the Office of Administrative Services; Division of Research and Statistics.

MASSACHUSETTS:

Foster Home Care in Massachusetts. 1973. Gruber, Alan R., D.S.W., Commonwealth of Massachusetts. Governor's Commission on Adoption and Foster Care. 100 Cambridge Street, Boston, Massachusetts 02202.

VERMONT:

Vermont Committed Children Study. Vol. IV: Recommendations. August, 1973. Cresap, McCormick and Paget, Inc. For the Agency of Human Services. 128 State Street, Montpelier, Vermont 05002.

SCOPE OF THE STUDIES

ARIZONA: Foster Care Evaluation Program

Time Span*: 3-74, 7-74

Sampling: A random sample of 462 foster children was drawn from 1,808 cases representing all counties in Arizona From that sample a random sample of 295 foster family homes was selected from the 865 currently licensed foster family homes.

Type of Care: All children were cared for in foster family homes.

CALIFORNIA: Children Waiting

Time Span: 3-71, 9-72

Sampling: A random sample of 533 foster children was drawn from the total statewide caseload of 33,500. Sample was drawn from 7 counties in California whose combined caseload represented 70% of the total. Foster parents were surveyed through 30 local foster parent groups; 311 responses were received from 1,500 questionnaires sent.

Type of Care: 98% of the children sampled lived in foster family homes.

Data Matters

Time Span: 9-74

Sampling: Data were elicited for all children in foster care in California; 28,883 responses were received of which 28,345 were sufficiently complete for analysis.

Type of Care: 76.4% - foster family homes
16.8% - group homes
3.7% - other
3.0% - unknown

*Time span indicates the date the study was authorized and the publication date.

CDA Questionnaire Report

Time Span: 12-73

Sampling: Questionnaires were sent to 250 foster parent couples; 57 couples responded. Responses of 53 couples were sufficiently complete for analysis.

IOWA: Foster Care Survey

Time Span: 1-7

Sampling: Information was elicited on all 5,481 children cared for by public and private social service agencies, juvenile courts, and probation officers in Iowa.

Type of Care: Estimated**
69.9% - foster family homes
21.5% - institutions
8.6% - group homes

MASSACHUSETTS: Foster Home Care in Massachusetts

Time Span: 8-70, 1975

Sampling: Data were collected on 5,862 (99%) of the 5,933 children in foster home care in Massachusetts as of November, 1971. A random sample of 703 natural parents was drawn in order to obtain 160 interviews. Of natural parents interviewed, 8% were female. A total of 149 foster parents caring for the children of these natural parents were interviewed.

** The Iowa Study surveyed all children cared for by public and private social service agencies, juvenile courts, and probation officers. "For purposes of analysis an attempt was made to divide the children into two groups - those in public institutions ('institution' group) and those not in public institutions ('other' group). The division between the institution and other was sometimes arbitrary because, in some instances, the institutions placed children in other foster care, and foster care agencies placed children in institutions. In some sections the information for only the 'other' group was compiled. Some sections deal with the total group as well as the breakdown by other and institution (p. 2)." Data show 1,173 children in the "institution" group and 4,308 in the "other" group; 8.6% live in group homes (p. 64).

VERMONT: Vermont Committed Children Study

Time Span: 3-73, 8-73

Sampling: Data not given in Vol. IV.

Type of Care: Most children live in foster family homes. Most delinquent and unmanageable children are sent to Weeks School. Most severely retarded children are sent to Brandon School.

The remainder of the studies included in this report compiled, reviewed, or synthesized data from existing reports and/or interviewed personnel in the field of child welfare or foster care.

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THE FOSTER CARE SYSTEM

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PART I

THE FOSTER CARE SYSTEM

Description and Goals

A number of studies over the past years have indicated overwhelming evidence of the importance of family ties and affection to the child. The child's sense of self-worth and his feelings of belonging are meshed with his family relationships. His adjustment in life is more dependent on the stability of his family relationship than on his material well-being or geographical mobility. For these reasons it is of the utmost importance that the family unit be kept intact whenever it can meet the child's minimal needs constructively. Failing this, it is necessary for a stable substitute family unit to be provided for every child possible. This is essentially what the foster care system endeavors to do. The programs were designed to provide substitute care for a child whose family could not provide for him for a planned period of time. Foster care can be provided in an institution, a group home, or a foster family home. The type of care should be that which best serves the needs of the particular child.

Arizona, California, Iowa, Massachusetts, and Vermont concur on the following goals of the foster care system:

1. To prevent separation of the child from his natural family by mustering all available resources to bolster family stability, enabling the family to provide a nurturing environment for all its members. The family should be strengthened with continuing services as needed.

2. If separation is necessary, a suitable living situation should be provided for the child while aiding the family to solve its problems so that the child can return home within set time limits.
3. When the best interest of the child cannot be served by his return home, a permanent, nurturing environment should be provided through regular or subsidized adoption.
4. Where adoption is not possible or not in the best interest of the child, the alternative should permit the fullest possible achievement of the child's potential through a stable, long-term placement which meets his special needs.

Standards for Foster Family Services Systems, prepared by the U.S. Children's Bureau and the American Public Welfare Association, is referred to in several state studies and throughout this report. Information on that publication can be obtained from the Children's Bureau, Office of Child Development, Department of Health, Education and Welfare, 400 6th Street, S.W., Washington, D.C. 20013.

Although foster children are cared for in institutions and group homes as well as in foster family homes, most of the children included in these studies were living in foster family homes. The Vermont and Iowa studies included a number of children living in institutions.

General Data on Foster Care in the United States

Foster care in the United States is not overwhelmingly extensive. Indeed, compared to the size of the Aid to Families with Dependent Children Program, or other general public assistance programs, it is very small. According to California Joint Legislative Audit Committee Reports (February 4, 1974), the foster care caseload in California is approximately three percent of the size of the state's Aid t Families with Dependent Children caseload.

The Massachusetts study (p. 1) notes that in 1910 there were 176,000 children in foster care in the United States. Today there are approximately 400,000 foster children. While the number of foster children has increased, the proportion of foster children to the general population has decreased. Massachusetts notes (p. 1) that in 1923 there were 98 children in foster care per 10,000 population in the United States. Table 1 shows that the number of children in foster care per 10,000 population under 18 years of age reached its low point in 1963 and has climbed since that date. However, the proportion of foster children per 10,000 population is far below that of 1923 or 1933. Table 1 also indicates that the proportion of foster children cared for in foster family homes, as opposed to institutions or group homes, is increasing rapidly.

TABLE 1

Number of Foster Children and Percent in Foster Family Homes		
Year	Foster Children per 10,000 Population Under 18	Percent in Foster Family Homes
1933[1]	59	42.4%
1963[1]	37	62.2%
1969[1]	45	75.5%
1970[2]	47	Not Given

1. Child Welfare Statistics. 1969. U.S. Department of Health, Education and Welfare; Social and Rehabilitation Service; National Center for Social Statistics. P. 30.

2. Reports issued by the National Center for Social Statistics; U.S. Department of Health, Education and Welfare.

There appears to be a disproportionately large increase in foster caseloads in some areas of the United States. The number of foster children in California has increased by 900% between 1948 and 1964; the figure increased by 100% between 1964 and 1972 (California Legislative Audit Committee Report, February 4, 1974). In 1971 there were 46,567 foster children in New York State or 76 foster children per 10,000 population. New York City had 26,254 foster children or 113 per 10,000 population in 1971. The number of children in foster care in New York City increased 53% between 1960 and 1973, which was ten times the rate of increase of the population under 18 years of age in New York City.[3]

Many localities bear the largest share of the financial burden of the foster care program, depending on the division of power and responsibility between a state and its counties or municipal subdivisions. In California (Legislative Audit Committee Report, February 4, 1974) for instance, the cost apportionment shows approximately 15% of the costs carried by federal funds, 30% by state funds, and 55% by local funds. In contrast, local share of costs for the Aid to Families with Dependent Children Program is 17-18%. One result of this local responsibility for funding can be great disparity in care from one locality to another, depending on the number of foster children and the ability of the locality to provide. This disparity is also reflected in reimbursement rates paid to foster families for the care of children. Rates vary widely from one locality to another, sometimes resulting in children being "farmed-out" to low-reimbursement rate areas. This practice is detrimental to the child's ties with his natural family, neighborhood, and school friends and activities.

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3. Trends in Foster Care in New York City 1960-73. Research Note #12. Community Council of Greater New York. March 1, 1974

In addition to the range of reimbursement rates within states, rates also vary widely from state to state. Mean reimbursement rates per child per month for foster family care range from a high of approximately $263.00 to a low of approximately $70.000. Most rates are between $160.00 and $95.00 per month per child, based on a sliding scale according to presence and severity of handicap or disability and the age of the child. Reimbursement rates generally reflect the median family income of the state, i.e., a state with a high median family income pays a relatively high reimbursement rate for foster family care, and vice versa. It is likely that the states least able to provide have the greatest need due to high unemployment rates, heavier welfare rolls, and lower tax bases to support public programs.

PART II

THE NATURAL FAMILIES

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Age of Natural Parents

California (Children Waiting, p. 8, 1972)

Average age of mother = 30 to 34 years

Average age of father = 35 to 39 years

Massachusetts (p. 41)

Average age of 160 parents sampled = 32.5 years

TABLE 2

Current Marital Status of Natural Parents			
	States		
Marital Status	Massachusetts (p. 42)* (N=160)	Iowa (p. 16) Mothers (N=5,072)**	Iowa (p. 18) Fathers (N=594)
Married	40.0%	49.9%	21.0%
Divorced or Separated	46.2%	25.3%	15.5%
Single	3.8%	4.7%	9.4%
Widow	10.0%	3.2%	1.2%
Unknown	--	16.9%	52.9%

*56% of Massachusetts parents have had two or more marriages.

**8% of Iowa natural mothers were deceased (409) of total 5,481).

TABLE 3

Natural Parents' Income							
State	Annual Income						
	Under $3,000	$3,000-5,000	$5,000-7,000	$7,000-9,000	$10,000-15,000	$15,000-19,000	Unknown
Massachusetts (p. 43), 1972 N=160	36.9%	24.4%	15.0%	13.1%	4.4%	1.2%	5.0%
	40% receive public assistance. Less than half report employment as their main source of income (p. 53).						
California (Children Waiting, p. 8), N=533	In only 28.7% of the cases was the income of the mother known. In only 9.2% of the cases was the income of the father known. 16% owned personal property, in most cases an automobile or cash. 5% owned real property averaging $6,343.						

TABLE 4

Employment of Massachusetts Natural Parents (N=160) (p. 43)	
Employment	Percent
Housewife, voluntarily employed	35.1%
Involuntarily unemployed	21.9%
Employed	39.4%
Retired	1.2%
Student	1.2%
Unknown	1.2%

TABLE 5

Work Level of Employed Massachusetts Natural Parents (p. 43) (39.4% of Sample 160)	
Work Level	Percent
Unskilled	10.6%
Civil Service or Clerical	14.4%
Skilled	13.8%
Professional	.6%

TABLE 6

Educational Level of Massachusetts Natural Parents N=160 (p. 43)	
Educational Level	Percent
Elementary school or less	28.1%
Some high school	41.3%
Complete high school	20.0%
Post high school, trade/vocational	6.2%
Some or complete college	4.4%

TABLE 7

Natural Parent Financial Support of Child	
State	Percent
Massachusetts (p. 9) N=160	1.5% total support 11.2% partial
California (Children Waiting, p. 8)	2.3% partial
Arizona: Aggregated from Evaluation of Foster Care Program* N=462	In 49% of the cases, parents' ability to contribute to the financial support of the child was not even discussed.

*Date from the Arizona Evaluation which is presented by district and county was aggregated for the purposes of this report. It is not possible to give page references since data was compiled from the entire work. Hereafter, when page numbers are not given for material cited from the Arizona Evaluation the reader may assume the data has been aggregated.

Additional Children of Natural Parents

California	Children Waiting reports [of sample 533 cases] "Foster children most frequently have three siblings (p. 8)."
Iowa (p. 19)	54.9% of the foster children in foster family homes had siblings also in care (N=4,308). 14.4% of the foster children in institutions had siblings in care (N=1,173).

Massachusetts

Of 160 parents interviewed (p. 53):

* 63.1% of the siblings of foster children were also placed in foster care.
* 45% were placed in the same foster family home.
* Mothers reported an average of about five children.
* Most had none living with them at time of the interview.
* Less than 25% had two or more children at home.
* Most had three or more children in foster care.
* 5% were pregnant at time of interview.
* 20% of the mothers had released one or more children for adoption at some time.

Location of Natural Parents

At time of child's entry into foster care:

* 66% of Massachusetts foster children (p. 16), and
* 44% of California foster children (Children Waiting, p. 7) were living with one or both natural parents.
* 11.3% of 389 natural mothers' in Arizona's sample, and
* 16% of 389 natural fathers' whereabouts were unknown (Arizona Evaluation).

At time of report or survey:

* 17% of Arizona's natural mothers', and

* 22% of Arizona's natural fathers' whereabouts were unknown (of sample 389).

* Only 27% of sampled parents whose whereabouts were unknown have been referred for search (Arizona Evaluation).

Of the 703 Massachusetts parents selected to obtain a sample of 160:

* 37.6% of Massachusetts' natural parents could not be located.

* 5% were deceased.

* 5.6% were out of state.

* Indications were that due to staff shortage, few cases were referred for missing person investigation (Massachusetts, p. 52).

General Profile

Information from the studies indicates that the natural parents of foster children are most apt to be in their thirties. As a group they tend to be maritally unstable. Most report having several children; few of the children live with the parents. The parents are generally poorly educated. Many are unemployed, and those that are employed are apt to be employed at unskilled or semi-skilled work. Most are below poverty level income, and many are receiving public assistance. Very few natural parents contribute toward the financial support of their children in foster care. Natural parents appear to be residentially mobile.

PART II

THE NATURAL FAMILIES

Social Services Prior to Placement of the Child in Foster Care

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TABLE 8

Reasons For Placing Child in the Foster Care Program			
Reason for Placement	State		
	Arizona* (Evaluation)	California (Data Matters)**	Massachusetts*
Child was abused, neglected or home was unfit	51.0%	46.3%	13.6%
Child was abandoned	11.2%	--	8.5%
Parent(s)' absence, divorce, desertion, imprisonment	--	25.3%	13.3%
Parent(s)' physical illness	7.5%	--	10.3%
Parent(s)' mental illness or addiction	4.7%	--	24.6%
Parent(s)' death	.9%	--	4.5%
Adoption planning	2.6%	--	6.8%
Other family problem, including finances	22.0%	--	--
Child's behavior or disability	2.1%	19.2%	9.6%
Unknown	.9%	9.2%	11.4%

*Total exceeds 100% because some cases cited more than one primary reason for placement.

**Pages in Data Matters are not numbered. Throughout this report references will cite the title only.

Table 8 indicates that in the overwhelming majority of cases placement was prompted by a problem or absence of the parent. The Arizona Report (p. 17) notes that half the Arizona foster children were in the program because they were neglected, abandoned, or abused. The Arizona Evaluation states that "Children accepted into foster care because of abuse or neglect ranges from a low of 33% in one county to a high of 81% in another (p. 2)."

Arizona Preplacement Service to Natural Families

Only 51% of the natural mothers and 30% of the fathers were offered services prior to placement (The Arizona Evaluation). Reasons programs did not offer preplacement services are shown in Table 9.

TABLE 9

Arizona Natural Parents Not Offered Preplacement Services (Evaluation)		
Reason	Mothers*	Fathers**
Address Unknown	23%	22.9%
Uncooperative	21%	10.3%
Institutionalized	8%	5.9%
Other or unknown	48%	60.9%

*49% of 389 mothers sampled.

**70% of 389 fathers sampled.

Arizona Emergency Services to Aid Families in Crisis Report, (pp. 17-18)

* 24-hour hot line.
* Family emergency shelters. (These are often overcrowded and many do not provide educational, recreational, and/or treatment facilities.)
* Limited day care and homemaker services.
* Protective service workers (responsible for emergency service for abused, abandoned, neglected children) are seriously understaffed. Unless a child is in foster care, no treatment is available for him. This requirement (that a child be in foster care) encourages unnecessary placements. No treatment services are available to the child's family.

Arizona Preplacement Planning with Natural Parents

In 49% of the cases, parents' ability to contribute to the financial support of the child was not even discussed (Arizona Evaluation). In 60% of the preplacement discussions with the natural parent, the worker discussed the length of time the child was expected to be in foster care (Arizona Report, p. 20). However, this expectation was not realistic, as can be seen by comparing the initial plan with the actual length of stay in foster care shown in Table 10.

TABLE 10

Length of Planned Versus Actual Stay in Foster Care in Arizona N=462 (Evaluation)			
Length of Placement		Foster Children	
Planned Stay	Actual Stay (In Months)	Number	Percent
Temporary (3 months or less)	23.4	114	25%
Short-term (3-12 months)	26.4	118	26%
Long-term	39.4	153	34%
Adoption	24.8	63	14%
Unknown	3.0	7	1%
Total	29.4 (average)	455	100%

Massachusetts Preplacement Planning with Natural Parents N-160 (p. 55)

* 66% of the children lived with one or both natural parents prior to placement in the foster care program, yet only
* 18% of the parents visited the foster home before the child moved there.
* 59% of the natural parents were in contact with the agency for only two weeks or less prior to placing their child in foster care.
* 75% had less than three months contact with the agency.
* 82% saw the work six times or less prior to placement.

Attitude Survey of Massachusetts
Natural Parents N=160 (p. 46, 54)

* 66% of the natural parents interviewed reported that a specific crisis precipitated the foster care plan and that they were unable to get assistance for their problem until placement was the impending plan.
* Most reported they had little, if any, preplacement counseling.
* 30% felt placement was not necessary.
* 25% placed the child in foster care due to financial problems.
* 23% felt placement could have been avoided if quicker or additional counseling had been available.
* 17% felt the worker had not presented a realistic picture of the foster care program.
* 43% said the worker had not discussed the foster care program with them at all.
* 60% felt excluded from participation in planning with their child.

The Massachusetts study (p. 16) indicates that a large number of foster care placements might have been avoided if viable options were open to the families and the case workers. Over 2,500 cases stated illness of the parent(s) as the reason for foster care. Homemaker, day care, or financial assistance might have helped some of the families survive the crisis witb in-home service rather than foster care. "Virtually no effort is made by the Division of Family and Child Services to keep the biological family together and prevent placement of children in foster care... (p. 72)."

California Preplacement Services to Natural Families

The California studies concentrates mainly on recommendations to improve the system of family services and foster care. Little specific information was given on type, quality, or extent of service offered to families prior to foster care placement. There were several references in Children Waiting and The California Synthesis indicating that the range of services available varied from county to county. Some counties lacked many services; other counties duplicated certain facilities, but lacked others. Children Waiting (p. 18) notes that many problems of middle-income families might have been helped through existing family services. However, such help was not sought by these families because, although they were financially able to sustain themselves for basic living expenses, they were unable to afford even a moderate additional fee for family services. Fees must not deter families from seeking services.

Children Waiting stated:

> Many children are removed from their homes and placed in foster care when circumstances arise that prevent the mother and/or father from performing the basic homemaking duties or other responsibilities involved in meeting the children's basic living needs (p. 23).

The study recommended that friends, relatives, or homemaker services be enlisted to keep families intact in such crises.

The following excerpt from Children Waiting indicates shortcomings in preplacement services to natural families:

> ...in too many cases, the entire placement process is handled on a crisis basis--this in spite of the fact that the child and his family, in most cases, was being served by a public agency in some other way during the time the crisis was brewing. Generally, it seems that little recognition was given to the need to short-circuit the crisis or to anticipate in advance the approaching need to place the child.... Once the immediate

> pressure of the family situation is removed by the placement of the child, the parents are not usually constrained by the agency to resolve the problem so the child may be returned to the home promptly.... Every means should be utilized to foster a continuing sense of responsibility in the parents for their child (p. 14).

Vermont Preplacement Services to Natural Families

The Vermont study included only children already committed to the custody of the state and therefore did not provide information on specific efforts made to prevent entrance into foster care. The study did mention, however, the need for increased quality and availability of community resources for prevention of family disintegration and placement of children in foster care.

Comment on Services to Natural Families Prior to Placement of Child in Foster Care

The Arizona Evaluation (Introductory statement) states "...considerable effort is exerted in working with families prior to foster care placement to prevent disruption of the family, and foster placements rarely occur without justification." Data from California shows less than 20% of the reasons for placing a child in foster care were due to the problems of the child. Massachusetts data reports 9.6% of the reasons for placement are due to the child's problems; the figure in Arizona is only 2.1%. All remaining causes of placement were due to inability of parents to care for the child, or to neglect, abuse, or abandonment of the child.

The studies indicate that workers had little alternative to placement, in many cases, once family problems reached the crisis state. There were, nevertheless, several indications from the studies that many children were placed in foster care because a simpler, less traumatic alternative had not been provided. Often children were separated from families due to the financial

need of the family. Better coordination of services or more adequate provision of public assistance, food stamps, and medical service might have prevented many foster care placements. Every state studied mentions need for, shortage, or lack of emergency social services such as homemaker service, day care facilities, family counseling, and family shelters for emergencies. Massachusetts and California note that large numbers of children have been placed in out-of-home care when one of the above services might have kept the family intact. The studies give little evidence of concerted efforts to work with natural families to strengthen their ability to cope with life's problems or prevent separation of the family.

PART II

THE NATURAL FAMILIES

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TABLE 11

Natural Parent Contact with Agency During Placement		
State	Time Since Last Contact	Percent of Natural Parents Having Contact With Agency
Iowa (p. 17) N=5,072	3 months or less	30.1%
	4 - 6 months	5.6%
	7 - 9 months	8.4%
	10 months or more	29.4%
	Last contact unknown	25.5%
	65% of the mothers had no known agency contact in 6 months or more.	
Massachusetts (p. 51) N=160	Every two weeks or more often	25.0%
	Monthly	15.0%
	2 - 3 months	3.1%
	6 months or longer	11.9%
	In crisis	8.8%
	Only when necessary as a link to foster parent	4.4%
	Never or unknown	31.8%
	Almost 60% not seen by a worker within a 6-month interval.	
Arizona (Evaluation) N=462	Workers average 2.86 visits to the natural parents in a 6-month interval.	

The Arizona Evaluation (p. 3) notes that, with a few exceptions, the counties with the highest consistent rate of personal worker contact with the natural parents were also the counties that moved children out of foster care into permanent settings most rapidly.

TABLE 12

Natural Parent Contact with Foster Family During Placement	
State	Contact
Massachusetts, 160 natural parents (p. 52)	43% of those interviewed had some type of contract. 57% had contact seldom or never.
California, 311 foster parents (Children Waiting, p. 11)	32% visit frequently. 68% visit infrequently or never.

TABLE 13

Natural Parent Contact with Child During Placement		
State	Contact	Percent
Iowa (p. 17) N=5,072	Every 3 months or more often	30.1%
	Every 4 to 6 months	5.0%
	Every 7 to 9 months	8.0%
	Ten months or more	31.5%
	Contact Unknown	25.4%
California (Children Waiting, p. 9), N=533	Monthly or more	17.3%
	Infrequent visits	38.0%
	Contact other than visits, i.e., mail, phone	5.2%
	Never	32.6%
	Unknown	6.9%
Massachusetts (p. 18) N=5,862	Every 3 months or more often	30.0%
	Every 6 months	38.0%
	No substantive contact	32.0%

Massachusetts' interviews with 160 natural parents (pp. 48-49) reveals:

* 47.6% of the parents saw the child monthly or more frequently.
* 10.0% less frequently than monthly.
* 42.4% visited infrequently or not at all.
* 60.0% felt they did not see enough of their child. The following reasons were cited by those parents for not visiting the child:
  * 37.5% said the worker prohibited their visiting.
  * 20.0% felt the foster parent discouraged their visiting.
  * 20.0% said the foster home was too far away or too difficult to reach. "There does not seem to be enough emphasis on the necessity of the contact in order to maintain or improve the parent-child relationships."

TABLE 14

Arizona Natural Parents Not Offered Social Services During Child's Placement in Foster Care (389 of 462 cases) (Aggregated from Evaluation)

Reason	Percent	
	Mothers*	Fathers**
Address unknown	30%	30.5%
Uncooperative	17%	12.7%
Institutionalized	5%	4.4%
Other or unknown	48%	52.4%

*56% of the mothers were not offered services during placement.

**71% of the fathers were not offered services.

Massachusetts Natural Parents' Report
on Service N-160 (pp. 52-55)

* There had been little service provided the natural family since child's removal.
* 28.8% said the family situation had remained the same.
* 14.4% said the family situation had deteriorated.
* 50.0% of the cases where the child had returned home (21 cases) have had no contact with a worker since child's return.
* 12.0% were considering release for adoption.
* 17.0% said they did not intend to take the child back.
* Only 5.0% had released the child for adoption.
* 75.0% believed the worker opposed or was doubtful about the child's return to the natural family.
* Only 11.2% believed worker wanted to return the child quickly.

Parents who saw workers regularly (approximately 40% of sample 160) reported discussions centered around (p. 51):

* 39.0% - the child in foster care
* 18.0% or less - family problems
* 6.5% - mainly the mother's problem
* 25.0% - a combination of issues

The Massachusetts study states (p. 2):

> Almost all studies have shown that virtually no services are available to biological families after a child has been placed in foster home care. Aggravating that fact is that most of these families are weak to begin with and supportive and restitutive services would have to be of the highest quality to have any effect. These facts have led agencies to write off families rather than place their efforts on attempting to bring about positive change.... Judgments such as these however, have been consistently made without the benefit of adequate, high quality services if having been provided on a consistent enough basis to conceivably return a child to his own home (p. 2).

Iowa Services to Natural Parents

The Iowa study gives little information on services to natural families. The study states:

> In the tables above [time between last contact between mother and agency], another of the findings of the national studies may be supported. The studies found that mothers distrust and fear the helping relationship.... More information is needed about what efforts have been made to provide the helping relationship and to learn if the situation prevails that the mothers are not willing to become involved or whether the services are not offered.... Contact is not only limited between the mother and the agency but in about two-thirds of the cases, the mother has not seen the child for over six months (p. 17).

Both the Iowa and Massachusetts studies suggest that more work be done to ascertain the extent to which natural parent attitudes on services were warranted and the quality of services offered to natural parents. Both stress the value of strengthening parent-child ties.

Comments on Services to Natural Families During Placement of the Child

A few indices of agency efforts to strengthen the family and alleviate problems which precipitated the child's removal from the home are the number of contacts between the agency and the parent and the amount and quality of service offered the natural parents. Locating missing parents, involving parents in planning activities for their child, and involving parents in participating in activities with their child are also crucial to effective service. Data on the foregoing aspects of family services indicate that services provided natural families are not adequate to achieve the goals of the foster care systems.

Comment on Post Placement Services

Very little information was available on termination and close-out of cases, except for a few references indicating need for additional staff for follow-up.

Arizona notes that shortages of staff and heavy caseloads often encourage workers to close cases prematurely and that little was done for children who reached the age of majority.

Vermont notes lack of follow-up after release from institutional care.

Massachusetts indicates staff shortages resulted in little social service to families where the child was returned home. Massachusetts stated "At best follow-up appears to be a sporadic phenomenon" (p. 54).

PART II

THE NATURAL FAMILIES

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Education

Case reviews cited in California's Children Waiting (pp. 15-16) indicate that many natural parents are ill-prepared for the responsibilities of marriage and family and that constructive attitudes and methods of dealing with problems which should have been instilled early in life through family example and education are lacking. The study recommends that community programs be developed which will strengthen the ability of people to cope with life's problems. Education for family life and coping with problems should be included early in the school curriculum. Programs for adults should be available through local schools.

Early Referral

Children Waiting recommends that early referrals of families or children with problems or needs be encouraged. These referrals could come from any community group or individual in a position to recognize symptoms of potential problems, such as women's organizations, churches, and children's groups. Referrals should be the duty of school personnel, public health departments, hospitals, physicians, and police. Referring agencies or personnel should be protected from liability.

Services to Strengthen Families

All states note a need for improved family services to prevent family disintegration and the foster placement of children. Arizona, California, and Massachusetts especially recommend upgrading community resources and providing crisis intervention services. Community resources should include comprehensive emergency services, such as 24-hour hot-line, homemaker and day care service, financial assistance, physical and mental health facilities, family counselors, and emergency shelters.

Family Participation in Planning

Several studies recommend more effort to involve relatives in assisting families in trouble. Most of the studies recommend that parents be intimately involved in planning for their child. Every effort must be made to sustain and encourage, when possible, the family ties. This is vital to the well-being of the child and planning for his future. Fathers should participate in planning when possible.

Written Contracts for Foster Care

Massachusetts and California emphasize, in planning for the child, the importance of knowing the true intentions of the family regarding the child's return home. The capacity of the family to deal with its problems and the willingness and desire to do so must be realistically appraised. The studies indicate that perhaps one-third of the natural parents genuinely endeavor to bring their child home. The studies recommend that these families be given the benefit of every possible help in restoring and maintaining the family. The studies also note that many parents are not capable of assuming the responsibilities of parenthood. These parents should be helped by other service departments, but they should not be permitted to stand in the way of a stable, secure life for their child. Many parents have not relinquished their child for adoption because of fear of social stigma. Society has been remiss in permitting this situation to prevail. When there is no possibility of a meaningful relationship with a child with his natural parents, an adoptive, or permanent, relationship should be substituted as quickly as possible. The most frequently recommended means of preventing "drift" in foster care and sustaining parental involvement with the child is the use of a written contract as proposed in the Children's Bureau/American

Public Welfare Association Standards (previously discussed on page 11). The contract should specify the responsibilities and action to be taken by the parents and the agency for a definite period of time. At the end of that time, progress should be assessed and plans reviewed. Foster care would only be continued under prescribed conditions. This plan would prevent procrastination and document the existence, or lack, of parental interest.

Improvements in Planning

The Iowa Study states:

> One clear result of the analysis of the future plans for the children is that it points up the need for more attention to planning.... For several groups [of foster children], no plan was stated, with the implication that these children would remain in foster care (p. 12).

The study notes that plans are not defined for a large group of foster children because, although the parents could not take them home, they maintain meaningful contact with the child. However, many of these parents have little contact with their child. The study recommends that "meaningful contact" be more precisely defined and that these cases be reviewed to ascertain whether or not the child could be returned home.

A sizeable group of Iowa foster children are categorized "Children Who Have Been in Placement 24-Months and Cannot Benefit from Family Life." Most of these children live in institutions, have severe handicaps, and are not expected to return home. However 20% have been found to function normally, intellectually and/or socially. The study recommends review of these cases to determine if a better plan might be made for them.

Iowa recommends careful monitoring of foster children in temporary care to insure against drift into long-term care:

> To allow children to drift into longer stays than were intended should be considered a serious indication of failure which would be avoided by careful planning. This careful planning is a goal of the Bureau and research will be directed toward achieving that goal (p. 12).

Further Study

Iowa (p. 11) recommends further study to determine:

1. What services are offered parents at the time of placement and during placement.
2. What services parents would need to care for the child at home.
3. How planning is affected by lack of contact between the agency and the natural mother, and the natural mother and the child.
4. What efforts are made to strengthen the family ties to siblings.
5. What efforts are made to encourage involvement of grandparents and other relatives.

PART III

FOSTER CHILDREN

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TABLE 15

Age of Children in Foster Care			
	State		
Age	Iowa 1973 (p. 15) N=4,240	Massachusetts 1973 (p. 11) N=5,728	California 1974 (Data Matters) N=27,706
5 years or under	14.9%	28.2% (5.3% under 1 year)	12.80%
6 - 10 years	16.6%	41.0%	22.15%
11 - 15 years	31.7%	21.7%	32.35%
15 years or over	36.8%	9.1%	32.70%

Massachusetts (p. 72) noted that more older children were entering foster care than in previous years. Mean, median, and modal age in Massachusetts is 10 years (p. 9).

California Legislative Audit Committee reported, "Children entering foster care are generally older with more emotional problems than previously." In 1972, 49% of California's foster children were age 10 or under. In 1974, 50% were over age 12 (Children Waiting, p. 7).

TABLE 16

Sex of Children in Foster Care		
State	Percent	
	Male	Female
California 1974 (Data Matters), N=28,345*	53.5%	45.6%
Iowa 1973 (p. 14) 1970, N-not given	56.0% 53.0%	44.0% 47.0%
Arizona (Evaluation), N=462	53.2%	46.8%
Massachusetts (p. 37)**	52.3%	46.6%

*Sex of 0.9% unknown.

**Sex of 1.7% not given.

TABLE 17

Ethnic Background of Children in Foster Care							
State	Ethnic Background						
	Caucasian Other Than Hispanic	Black	Inter-racial	His-panic	Native American Indian	Other	Unknown
California (Children Waiting, p. 9), 1972, N=533	50.6%	21.2%	5.8%	15.6%	.8%		6.0%
(Data Matters) 1974, N=28,345	53.6%	17.7%	8.5%	11.6%	1.2%	1.8%	5.6%
Iowa - 1970	89.0%	8.0%	--	--	--	3.0%	--
1973 (p. 14) N-not given	89.4%	5.8%	--	.6%	1.3%	2.9%	--
Arizona (Evaluation) N=462	41.0%	11.9%	--	19.8%	22.0%	--	5.2%
Massachusetts (p. 11) N=5,728	77.3%	14.8%	4.9%	1.8%	.5%	.3%	.4%

Prior to placement, 44% of the California foster children (Children Waiting, p. 7) and 66% of the Massachusetts foster children (p. 16) were living with one or both natural parents.

Relatives of Children in Foster Care

Most of the children had siblings also in foster care. Some had grandparents or other relatives who maintained an interest in the children. Some of these provided foster care for the children, but frequently they were financially unable to continue the care. See page 19 for information on siblings in foster care.

Reasons for Placement in Foster Care

Most children entered foster care as a temporary expedient resulting from a family crisis. In almost 90% of the cases, the child was placed outside the home due to a problem of the parent(s). Rarely was the placement the result of the child's problem. Many of the children had been neglected, abandoned, or abused by their parents. See page 23, Table 8 on reasons for placement.

TABLE 18

Types of Foster Care*					
	State				
Type	California N=28,345	Iowa** (P. 4, 64) N=5,481	Massachusetts (p. 5) N=5,462	Arizona (Evaluation, p. 1) N=462	Vermont (p. 11-2, 4) N-not given
Foster Family Homes	76.4%	70.0%	100%	100%	Most are in foster family homes
Group Homes capacity under 12	3.6%	8.6%	--	--	14 licensed; applications pending for 5
Institutions group homes capacity over 12	13.3%	21.4%	--	--	Weeks School for delinquent and unmanageable; Brandon School for retarded
Other	3.7%	--	--	--	--
Unknown	3.0%	--	--	--	--

*See "Scope of the Studies," page 6.

**Approximation. See note on Iowa sample, page 7.

Arizona Report (p. 3) notes that the state had approximately 1,000 foster family homes and 55 group homes and institutions to care for foster children. The Report (p. 14) cites as a major reasons for inappropriate placements the great shortage of foster care facilities for teens and special needs children. Group homes were especially in short supply. The Report (p. 7) mentions that once a home was licensed, children were placed in it without reference to any special qualifications of the home or needs of the child.

California Children Waiting (p. 8) notes that 98% of the 533 children studied were in foster family homes.

Iowa (pp. 4-10) reports:

* Most children in group homes were teenagers.
* Over 66% of the children in group homes had emotional problems.
* Most group homes were operated under private auspices.
* Workers rated the quality of privately operated group homes good to excellent for 89%.
* Most of Iowa's retarded foster children were in public institutions.
* 22.9% of Iowa's retarded foster children were in foster family homes.

Massachusetts (p. 7) notes that 20% of its foster family homes were overcrowded since they had more than six children under age 16. A number of applications for foster family homes were unprocessed.

Vermont (p. II-4) notes a great need for foster care alternatives to institutional care for children with special needs. The study mentions that although there had been a growth of group homes, group homes skilled in handling adolescents were in short supply.

General Profile of Children Studied

There were slightly more boys than girls in the foster care studies. The children ranged in age from infancy through the age of majority, the median age being approximately 11. The majority of foster children were Caucasian other than Hispanic. There were smaller percentages of black, native American Indian, Hispanic, and other minority groups.

Most foster children studied had siblings in foster care.

The large majority of foster children entered the program because of a problem, or absence, of the natural parent(s).

The large majority of children studied were in foster family homes.

PART III

FOSTER CHILDREN

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TABLE 19

Agency Contact with Child	
State	Percentage
California (Children Waiting, p. 8) N=533	15.5% were visited by worker 4 times in the past year
(Data Matters) N=24,179	Time since last evaluation: 1.6% - 1.2 months 43.1% - 3.6 months 31.1% - 6.0 months 20.2% - 12.0 months 3.9% - Nine within a year, or unknown
Arizona (Evaluation) N=462	Workers averaged 3.2 visits per 6 month interval to foster family home and/or foster child.
Massachusetts (p. 27) N=5,862	46.7% of the children had 1 or more visits per month 17.3% were visited within 3 months 6.6% within 6 months 3.5% within 1 year 25.95 were not visited within 1 year, or unknown

Most of the foster children had a case worker assigned to their case, although a significant number did not. Most of the children saw their worker three to four times per year. Analysis showed a high rate of turnover among case workers; as a result many children did not remain with the same worker much more than a year, and some less than that. Work loads were heavy and workers generally were not able to do intensive case work or thorough follow-up with the children. See pages 83 and 84 on work loads and worker attrition.

TABLE 20

Natural Parent with Child During Placement	
State	Percentage
Iowa (p. 17) N=5,072	30.1% visited within 3-month period 5.0% within a 6-month period 8.0% within a 9-month period 31.5% 10 months or more often 25.4% contact unknown
California (Children Waiting, p. 9) N=533	17.3% visited monthly or more 38.0% infrequently 32.6% never 5.2% had contact other than visits, i.e., mail, phone 6.9% unknown
Massachusetts (p. 18) N=5,787	30.0% visited every 3 months or more often 38.0% every 6 months 32.0% did not visit within 10 months

Only about one-third of the children had meaningful, regular contact with a parent; another third had occasional contact, and approximately one-third had no parental contact.

A positive correlation is known to exist between the maintenance of parental interest in the child and the child's chances of returning home. One indication of agency effort to restore the child to his natural home would seem to be the extent to which parental visits with the child are promoted. Fifty-six percent of parental visits reported in the Arizona Evaluation (N=462) were arranged by the worker. According to the Massachusetts report (p. 49), a high percentage of the 160 natural parents interviewed felt the worker or foster family opposed their visits to the child, and only a very small percentage felt the worker was working to restore the family. We cannot deduce the extent to which these attitudes have justification.

TABLE 21

Total Length of Time in Foster Care	
State	Total Placement Time
California (Data Matters) N=27,049	26.0% - 6 months or less 18.3% - 6 - 12 months 19.0% - 1 - 2 years 36.7% - 2 years or more
(Synthesis, p. 38) N=18,576	32.5% - 2 years or less 42.5% - 2 - 5 years 25.0% - 5 years or more
Iowa (p. 55) N=2,908	43.3% - Under 10 months 16.3% - 10 - 19 months 9.0% - 20 - 29 months 6.2% - 30 - 39 months 23.8% - 40 months or more 1.4% - Unknown
Massachusetts (p. 18) N=5,787	18.6% - Under 1 year 14.1% - 1 - 2 years 10.5% - 2 - 3 years 56.8% - 3 years or more Average time in placement was slightly under five years.
Arizona (Evaluation) N=462	31.8 - Average time (months) in placement excluding those in temporary care 29.4 - Average time (months in placement including those in temporary care

Massachusetts notes, "Since the average age of a child in foster care is 10.5 years, it is probable that many children have spent a major portion of their lives removed from their biological parents" (p. 17).

The studies indicate that a child's probability of returning home decreased rapidly after two years in placement.

Long-term placements correlated positively with the number of different foster home moves, with increased incidence of emotional disturbances, and with diminished likelihood of adoptive placement. Thus, the same case work planning which could have improved the child's chance to return home, could have increased his chance for a satisfactory and nurturing adoptive placement if return home had been unfeasible. Lack of such goal motivated work militates against the child fulfilling his potential or achieving a stable living arrangement of any kind.

TABLE 22

Length of Time in Current Placement	
State	Current Placement Time
California (Data Matters) N=27,525	26.0% - Under 6 months 18.2% - 6 months to 1 year 18.8% - 1 to 2 years 37.0% - 2 years or more
Massachusetts (p. 63) N=147	45.0% - 2 years or more in current foster home More than 50% had been in other placements prior to the current one.
Arizona (Evaluation) N=462 (Report, p. 3)	16.2 - Average time (months per placement 18.0 - Average time (months per placement.

Although many children (63% to 79% of those studied) remain in one foster home throughout their stay in the program, approximately 25% will experience many replacements; 11.2% to 15.2% will be moved four or more times.

Arizona Report (p. 20) notes that foster home replacements are frequent and that little help is given either the foster parent or the child in understanding the reason for the moves.

The Iowa study states, "After two or three moves the child loses the ability to relate to a new family (p. 67)." See Table 23 and accompanying graph.

TABLE 23

Average Number of Foster Home Placements Experienced by Foster Children					
State	One Home	Two Homes	Three Homes	Four or More Homes	Unknown
Arizona	57.3%	21.7%	9.7%	11.2%	.1%
Iowa	48.7%	24.4%	11.4%	12.7%	2.8%
California	39.7%	23.4%	12.1%	15.2%	9.6%
Massachusetts	50.4%	24.9%	11.5%	13.2%	--

See accompanying graph on following page.

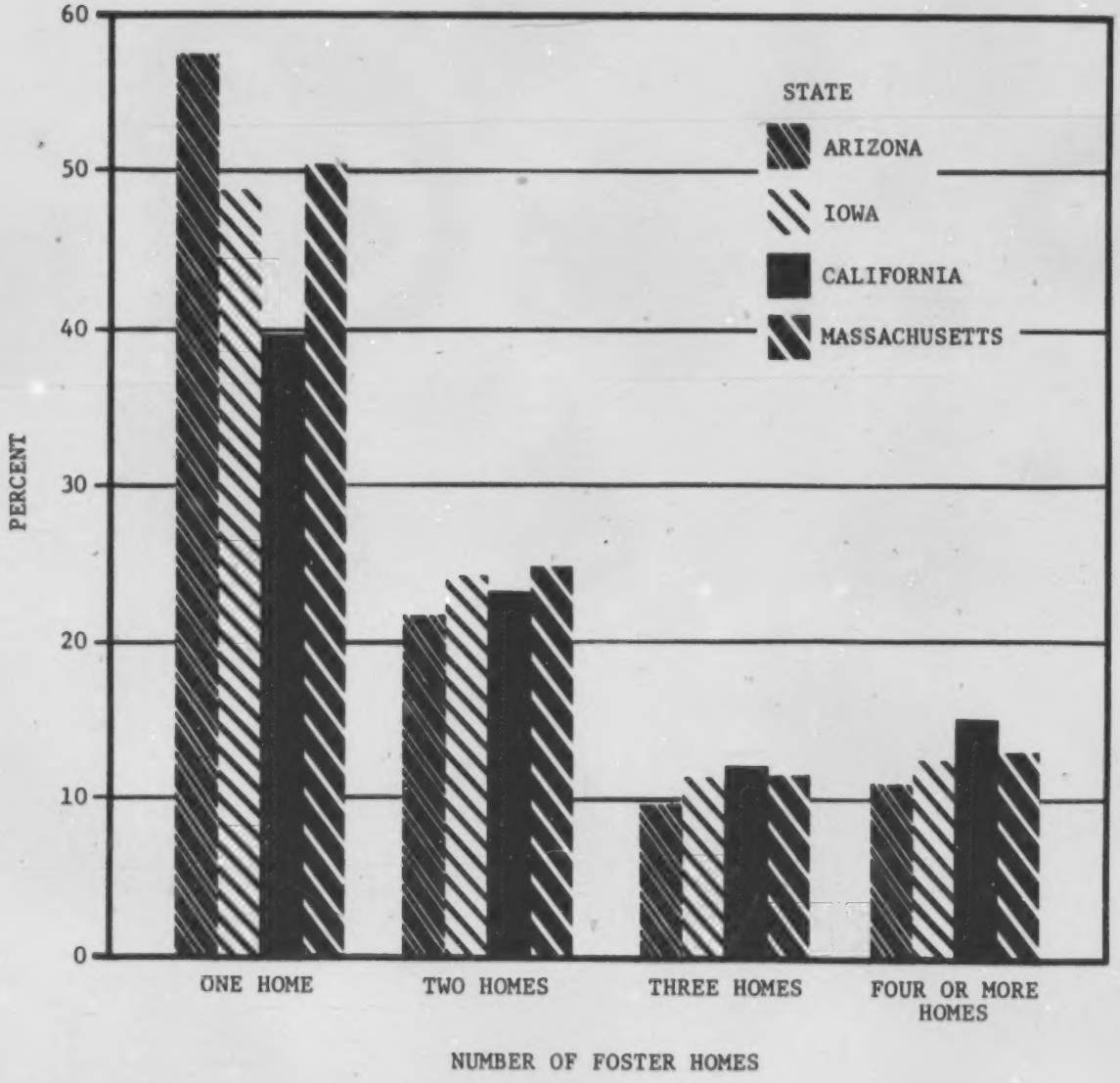

60
50
40
30
20
10
0
PERCENT
STATE
ARIZONA
IOWA
CALIFORNIA
MASSACHUSETTS
ONE HOME
TWO HOMES
THREE HOMES
FOUR OR MORE HOMES
NUMBER OF FOSTER HOMES

TABLE 24

Status of the Children's Physical Condition	
State	Physical Condition
Arizona (Evaluation) N=462	64.0% - No known physical problem 36.0% - Some indication of physical problem 81.0% - Physical problem, receiving treatment 19.0% - Physical problem, not receiving treatment
(Report, p. 20)	50% to 75% - Do not have physical examinations prior to placement
California (Children Waiting, p. 9) N=533	64.7% - No current health problems
(Data Matters*) N=28,345	39.0% - No known problems (physical, emotional, or intellectual) 6.6% - Permanent physical disability 2.4% - Temporary physical disability 13.1% - Condition unknown 96.0% - Are evaluated within one year of placement. "Evaluated" is not defined.
Iowa (p. 50) N=3,342	Physical Health: 83.7% - Good health with only the usual childhood illnesses 4.8% - Frequent illnesses or need for surgery for remediable condition 9.4% - Serious illness requiring continued medical control or hazardous surgery 1.9% - Major illness markedly impairing normal living activities or leading to progressive deterioration .2% - No information

Table continued on following page

* Data Matters tabulated physical, emotional, and intellectual problems. Many children could be multiply handicapped. Emotional and intellectual problems are cited in specific tables. For these reasons figures will not total 100%.

TABLE 24 (continued)

Status of the Children's Physical Condition	
State	Physical Condition
Iowa (p. 52) N=3,342	Physical Handicaps: 72.0% - None 14.0% - Slight or moderate defect affecting physical appearance 4.0% - Moderately serious defect affecting physical and social functioning 6.0% - Serious defect markedly reducing physical and social functioning 3.0% - Markedly serious defect which will require institutionalization 1.0% - No information
Massachusetts* (p. 34) Disabilities Tabulated for 5,862 Children	Disabilities: 2.4% - Arm/hand disability 6.0% - Leg/foot disability 8.7% - Vision disability 3.8% - Hearing disability 7.8% - Speech disability 3.0% - Toilet function disability 2.4% - Convulsive 2.0% - Disfigurement 12.7% - Other medical disability Percent of Disabilities Professionally Evuated: 90.0% - Arm/hand disabilities 86.8% - Leg/foot disabilities 91.0% - Vision disabilities 91.1% - Hearing disabilities 68.0% - Speech disabilities 49.6% - Toilet function disabilities 86.7% - Convulsive disabilities 78.9% - Disfigurement disabilities 80.0% - Other medical disabilities
Vermont (p. III-17)	20% of Vermont's committed children have not had physical examination or diagnosis

*The count for each problem reflected the occurance of each problem alone or in combination with other problems. Approximately 15% of the children were multiply handicapped.

Most of the children in foster care were in good physical condition with only the usual childhood illnesses and no serious physical handicaps. Most of the children received physical examinations and treatment as prescribed. However, a sizable number did not receive medical screening, and many did not get treatment needed to overcome handicaps or disabilities. The main reasons given for this lack of care were inadequate agency staff or inadequate medical facilities. Massachusetts notes that medical treatment has been denied on occasion due to refusal of medical services to accept Medicaid.

TABLE 25

Status of Children's Intellectual Functioning	
State	Intellectual Functioning
Arizona (Evaluation) N=462	72.5% - No intellectual problem 27.5% - Intellectual problem 23.0% - Intellectual problem, not receiving treatment
California (Data Matters) N=28,345	4.9% - Marginal mental functioning 9.6% - Mentally retarded
Iowa (p. 71) N=5,545	27.0% - Mentally retarded based on test results
Massachusetts (pp. 34-35) N=3,814* Disabilities	18.5% of the disabilities tabulated were problems of intellectual functioning 25.0% of the children indicating mental retardation have never been professionally tested

*Disabilities tabulated for 5,862 foster children. Approximately 15% were multiply handicapped.

The majority of foster children had normal intellectual functioning, although a number were considered mentally retarded. Approximately 25% of the children considered retarded have never been tested and were not receiving special help. Most mentally retarded children were placed in foster care voluntarily by their parents. Most of the retarded children lived in institutions and were expected to remain in long-term care.

TABLE 26

Status of Children's Emotional Health	
State	Emotional Health
Arizona (Evaluation) N=462	65.0% - No emotional problem requiring treatment 35.0% - Emotional problems 42.5% - Emotional problems not receiving treatment
California (Children Waiting, p. 9) N=533	64.0% - No current problems (physical, emotional or intellectual) 7.5% - Serious emotional ailment
(Data Matters*) N=28,345	39.0% - No known problems (physical, emotional or intellectual) 23.7% - Behavior problems 19.0% - Emotionally disturbed 2.4% - Mentally ill 13.1% - Condition unknown
Iowa (pp. 47-48) N=3,342	44.3% - No significant emotional problem 22.7% - Some emotional problem, currently receiving care 16.2% - Some emotional problem, not currently receiving care 11.5% - Severe emotional problem, currently receiving care 3.3% - Severe emotional problem, not currently receiving professional care 2.0% - No information
Massachusetts** (pp. 33-36) N=3,814 Disabilities	32.7% of all disabilities tabulated are emotional/behavior problems 23.7% of the emotional/behavior disabilities have never been professionally evaluated
Vermont (p. III-17)	40.0% of Vermont's committed children have not had professional evaluation or diagnosis for emotional health.

*Data Matters tabulated physical, emotional, and intellectual problems. Many children could be multiply handicapped. Physical and intellectual problems are cited in specific tables. For these reasons figures will not total 100%.

**Massachusetts tabulated problems alone or in combination with other problems. Approximately 15% of the children were multiply handicapped; 3,814 disabilities were tabulated for 5,862 foster children.

Findings from the Iowa Study

The Iowa study contains data showing positive correlations between continuing meaningful parental contact with the child and the likelihood of the child's return home. The probability of the child's return home was greatest early in placement and decreased rapidly after two years. The longer the time in placement, the greater the chance the child would experience several foster home replacements.

Long stays in foster care, several replacements, lack of meaningful parental contact, and lack of definite plans for the future were correlated with frequency and severity of emotional disturbance. Emotional disturbance also increased with age.

The study emphasizes the importance of:

* Preventing family separation
* Keeping placement to the shortest possible time
* Avoiding replacements by careful matching of the child's needs with qualifications of the foster home
* Definite plans for the child's future
* Sustaining natural family relationships wherever possible even if the family cannot be reunited.

"Continuing contact and identification with the natural family <u>during placement</u> have been positively correlated with the well being of the children. Current research, although limited, suggests that the child's feelings about his parents are the most significant predictor of his outcome after placement." (S. Palmer, cited by Iowa, p. 11)

TABLE 27

Length of Time In Foster Care By Plan for the Future - Iowa (p. 55)					
Group	Time in Foster Care				
	Under 10 Months	10 - 19 Months	20 - 29 Months	30 - 39 Months	40 Months or More
Group A*	66.5%	20.3%	5.9%	2.3%	3.8%
Group B**	0.0%	0.0%	16.7%	14.2%	68.4%

*Children with meaningful parental contact and/or expect to return home, N=1,562.

**Children with no future plan, N=282.

Children in Group A experienced far shorter stays in foster care than children in Group B. The Iowa Study (p. 70) notes that children return home upon reaching the age of majority even when this was not an option seen by the worker during placement.

TABLE 28

Number of Different Foster Placements by Plan for the Future - Iowa (p. 54)

Group	Foster Placement			
	One	Two	Three	Four or more
Group A: Children with meaningful parental contact and/or plan to return home, N=1,562	61.2%	22.5%	8.4%	6.7%
Group B: Children with no future plan, or who expect to remain in foster care until the age of majority, N=1,115	33.7%	28.0%	16.4%	20.3%

FIGURE 28

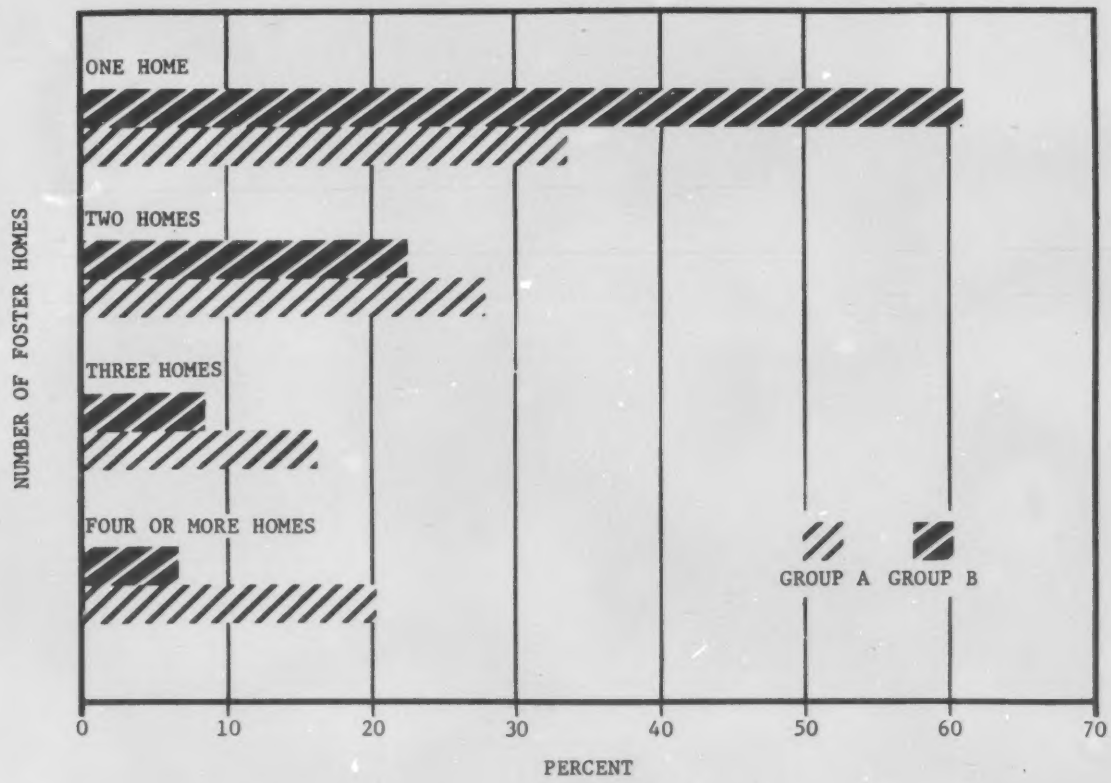


TABLE 29

Distribution of Emotional Problems by Age Group - Iowa Foster Children Expected to Return Home (p. 27) N=715			
Age	Emotional Problems		
	Severe Problem	Moderate Problem	Total W/Problem
1 - 5 years	1.3%	9.1%	10.4%
6 - 12 years	10.2%	37.3%	47.5%
12 years +	19.4%	46.4%	65.8%

FIGURE 29

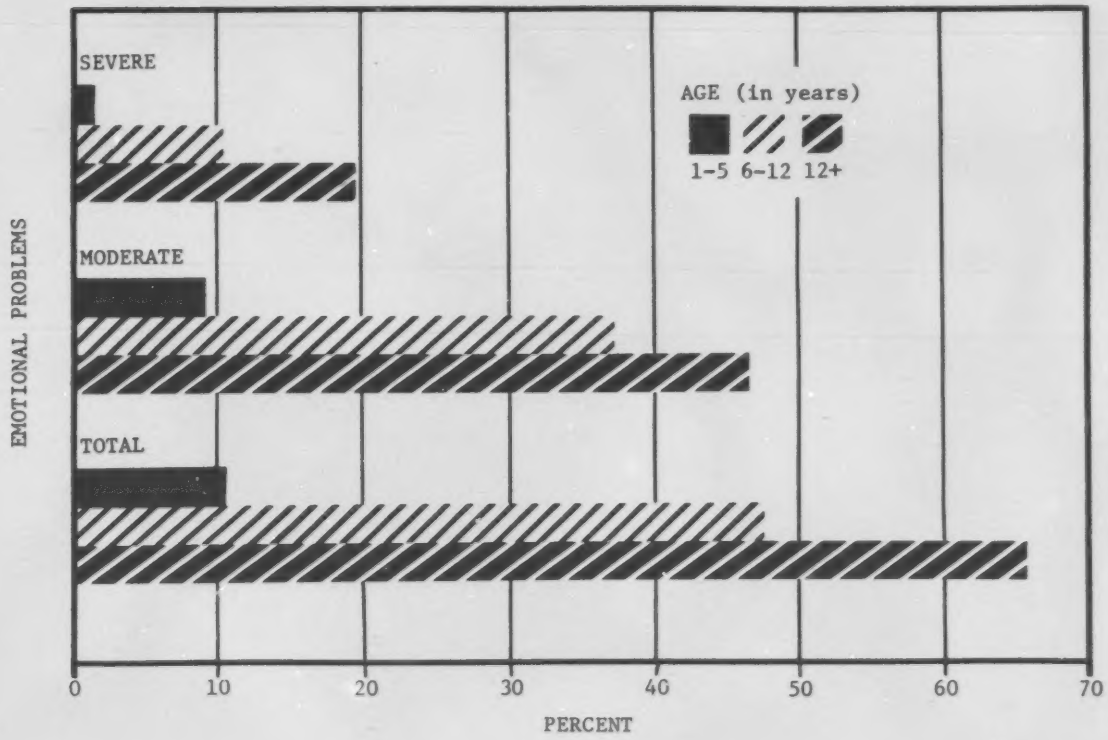
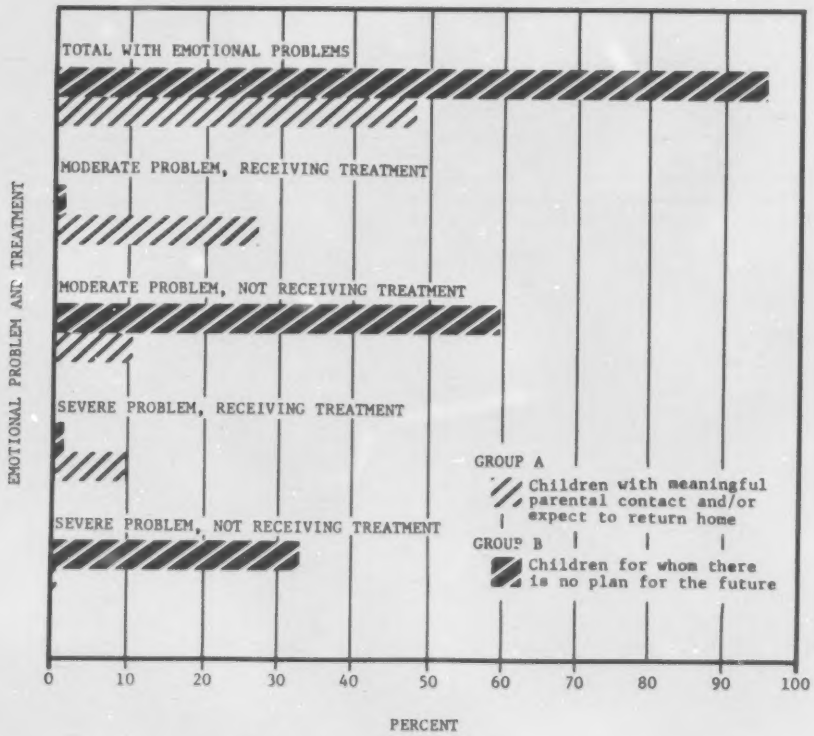


TABLE 30

Iowa Children with Emotional Problems and Being Treated for Emotional Problems by Plans for the Future (p. 48)

Group	Emotional Problem				
	Total W/ Emotional Problems	Moderate Problem Receiving Treatment	Moderate Problem Not Receiving Treatment	Severe Problem Receiving Treatment	Severe Problem Not Receiving Treatment
Group A: N=1562 Children w/ meaningful parental contact or expect to return home	48.2%	27.3%	10.4%	10.0%	0.5%
Group B: N=282 Children for whom there is no plan for the future	95.7%	1.4%	59.9%	1.4%	33.0%

FIGURE 30



Agency Plans for the Children and Adoptability

Arizona

The Arizona Evaluation (p. 2) notes that of all the children removed from the 295 foster family homes studied between January, 1972, and July, 1974:

* 46.5% were returned home to live with relatives, and
* 7.0% adoptions had been completed.

The following was aggregated from the Evaluation (N=462):

* 13.5% of all children in foster care were in an adoptive home awaiting the court's final adoption decree.
* 15.0% had been cleared for adoption but not placed.
* 20.9% had adoption planned if released.
* 11.8% of those for whom adoption was planned if released had the legal procedure for clearance instituted.
* 24.8 months was the average waiting time for adoption after legal release.
* 30.0 months was the average waiting time for adoption for those requiring release.

See Table 10 (page 26) for plans on entrance to foster care and time in placement.

California

Of the 533 children studied in the California Study, Children Waiting (p. 9):

* 13.5% were expected to return home.
* 7.6% had adoption planned.

* 5.0% had guardianship planned.
* 55.0% were in long-term foster care.
* 18.9% were other, none, or unknown plan.
* 67.0% were unlikely to return home or had no home to return to (p. 28).
* 9.0% of all California's foster children should have been freed for adoption according to estimate of the California Association of Adoption Agencies (Children Waiting, p. 29).
* 26.6% [or 4,950 children] of the foster care case load in six counties sampled (Legislative Audit Committee Report, 148.2, p. 31, cited in Synthesis, p. 39) were not likely to be reunited with their natural families and were potentially adoptable in the recent past.

The California Legislative Audit Committee Report (cited above) estimates that 8,200 children in foster care, under age six, were not likely to return home and should be placed for adoption. A major obstacle was the shortage of adoption staff and legal staff needed to institute court releases from natural parents. Adoptions in California declined 50% from 1969 to 1973, from 11,447 to 5,495. Requests to adopt continued at a rate of approximately 30,000 per year. California has experienced an overwhelming increase in its foster care case load in recent years, 100% in the eight years between 1964 and 1972. The case load has risen almost 900% since 1948 (Children Waiting, p. 5).

Iowa

The Iowa Study stated:

> In examining the plans for the future for the children in foster care, there were clear cut plans for those going into independent living, adoption, and return to the child's own home. For the remaining children no plan was spelled out, but various conditions were stated which prevented a future plan from being specified (p. 24).

The following data is given for 3,342 Iowa foster children:

* 21.4% of the children were expected to return home.
* 24.9% of the plans were for "independent living" [foster care until age of majority, etc.].

Reasons for lack of future plans included:

* 25.3% - "Parents maintain meaningful contact of positive value to the child."
* 8.4% - "The parents were ambivalent or there had been little discussion with them about future permanent plans for the child."
* 13.0% - "The child cannot benefit from family life at this time." [Severely handicapped or disabled. Institutional care for long term likely.]
* 6.9% - "There is insufficient understanding of the child's needs to determine a permanent plan."

See page 36 for further details.

Massachusetts (N=5,862)

* 3.0% of the children, or less, were expected to return home within 28 months (p. 17).
* 2.3% were cleared for adoption at time of placement (p. 18).
* 49.4% entered foster care for a specified period of time, but
* 83.0% have never returned home for even a trial visit (p. 17).

The assumption has been that the children in foster home care are generally not able to be adopted either because their parents maintain interest or some similar reason....this study appears to find that such a statement is generally inaccurate (p. 17).

TABLE 31

Adoptability of Massachusetts Foster Children (pp. 19-26, workers' assessments) N=5,862		
Adoptability	Children	
	Number	Percent
Adoptable if released for adoption	1,857	31.8%
Not considered adoptable for the following reasons:	4,005	68.2%
"The natural parents are interested."	1,740	29.7%*
"The child is considered too old."	676	11.5%
"The child adjusted well to the foster home."	375	6.4%
"The child's handicap is too severe."	288	4.9%
"The child doesn't want to be adopted."	180	3.1%
"The child's siblings are also in care and adoption would be too hard for siblings to adjust to."	147	2.5%
"The foster family would like to adopt but can't afford to."	127	2.2%
"The child is in foster care for treatment of an emotional disorder."	79	1.3%
Other or unknown	393	6.6%

*Of this 29.7%, 48% of the natural parents see the child monthly or more often, 15% within a 3-month interval, and 37% within a 6-month interval, never, or unknown. Approximately 600 of the children have had no parental contact in 6 months or more.

In 1972 the Massachusetts Legislature approved a subsidized adoption program. More than a year later most of the 127 children who had not been considered for adoption because the foster parents wanted to adopt but couldn't afford to do so, had not been referred. The study theorizes that this situation might exist because the workers were unaware of the program, the workers simply neglected to refer children to the adoption unit, or the case had no worker assigned.

TABLE 32

Institution of Adoption Process Massachusetts Children Considered Adoptable N=1,857 (p. 23)	
Adoption Status	Percent
Will be adopted according to worker's assessments	73.5%
Likely adoption date specified	16.0%
Adoption is planned, should have been processed earlier	84.5%*

*Of these, 63.5% should have had the process begun 7 months or more earlier, 42% more than a year earlier, 28.0% more than 2 years earlier; 11.0% have not even been referred to the Adoption Unit.

TABLE 33

Reasons for Delayed Adoption Processing Massachusetts Foster Children N=1,571 (p. 23)	
Reason	Percent
Staff shortage	24.0%
Natural parent resistance	18.0%
210 Petition being contested	7.0%
Child's physical handicap	8.0%
Child's emotional handicap	6.0%
Incomplete information on child	3.0%
Other	34.0%

In approximately half the cases, release for adoption will have to be through court proceedings (Massachusetts' 210 Petitions). Of these petitions, 37.6% have not been filed; 46.9% have been file for more than a year and have not been brought to trial.

TABLE 34

Length of Time Massachusetts Children Released for Adoption N=775 (p. 24)	
Length of Time	Percent
Have been released up to one year	28.0%
Up to two years	16.0%
Up to five years	22.0%
Over five years	33.0%

TABLE 35

Age and Condition of Massachusetts Children Released for Adoption N=775 (p. 24)	
Age, Condition	Percent
Age	
Under 10 years of age	75.0%
Under 1 year of age	12.6%
Condition	
Emotionally disturbed	38.0%
Medical problem	14.0%
Speech problem	10.0%
Leg/foot problem	10.0%

Summary of Services to Foster Children

Services Prior to Placement

The studies give little specific information on preplacement services to foster children; indications were that children were not adequately counseled about the reasons for separation from their families or assisted in coping with grief, loneliness, and feelings of rejection. There were few references concerning inclusion of the child in the planning process. Most children did not visit the foster home or become acquainted with the foster family prior to placement.

Most of the studies note great deficiencies in case records. Information on the child's background; educational adjustment; and physical, emotional, and intellectual condition was frequently incomplete or lacking. Without adequate information on these important characteristics of the child, suitable planning geared to individual needs was a matter of pure chance.

Although many children were placed in foster care under emergency conditions which precluded thorough study, in a great many cases the family situation was known by the placement agency, or another agency, for some time previous to placement. In spite of this fact, every state study cites insufficient case planning and lack of consideration of alternatives to foster care as serious failures of the program.

Services During Placement

The extent to which services to children during placement achieve the goals of the program can be measured by the number of children successfully reunited with their natural families, placed for adoption, or provided with a stable long-term living situation meeting their needs. Shortcomings are noted in each of these areas. Agency contacts with natural families, foster children, and foster families were inadequate for effective intensive case work. This was indicated by the long average time in foster care, the high number of replacements in foster homes, the relatively small number of children returned to their natural families, the small number of adoptions, the lack of counseling provided the children, and the high incidence of emotional disturbance found among foster children.

The studies indicate a number of children were not evaluated or treated for physical, intellectual, and emotional problems. Neglect of such important aspects of screening is a serious matter, indicative of a lack of quality in services afforded the children.

Parent-child ties were of vital importance to the well-being of the child. The Iowa study reports that children whose natural parents maintained an interest in them generally remained the shortest time in foster

care and were most apt to experience just one placement. These children usually received professional treatment for any emotional or physical problems. Children with little or no parental contact and children whose future plan was indefinite showed increased incidence of emotional disturbance and greater severity of emotional disturbance. These children were far less likely to receive professional treatment for their problems than were the children with meaningful parental contact.

The studies indicate that a majority of the natural parents did not have contact with their child on a regular basis and that many had little or no contact. Cause of this lack of contact was frequently parental incapacity. However, most studies note that greater effort could have been expended by agencies in strengthening parent-child relationships.

Not only did the studies cite lack of information, planning, and goal setting for the child prior to placement, but all indicate this situation continued in too many cases throughout a child's experience in foster care. Most agencies lacked systems for follow-up, assessment of objectives, revision of plans, monitoring treatment, and implementation of long-term goals. Most cases lacked written plans. These were considered to be major barriers to effective service for children.

Lack of continuity in case workers contributed to the instability of the child's situation. The child's adjustment in foster care appeared to be left largely to the foster family or institutional staff.

Findings of the studies generally agree with the Massachusetts study which shows that, although most children entered foster care for a temporary

time, most remained in placement for several years. "Despite the temporary purpose of foster home care, it is more often than not a permanent status for the child (Massachusetts, p. 70.)"

Post Placement Services

Very little information was available relative to the termination and close-out of cases except a few references which highlight the need for additional staff for follow-up. Arizona notes that shortages of staff and heavy work loads often encouraged workers to close cases prematurely and, also, that little was done for children after they attained the age of majority. Vermont notes lack of follow-up after release from institutional care. Massachusetts indicates staff shortages result in little social service to the families of children who have been returned home. Massachusetts states, "Follow-up appears to be a sporadic phenomenon (p. 54)."

Recommendations and Comments Pertaining to Services and Facilities for Foster Children

Every study found shortcomings in services which might prevent separation of the child from his family. Recommendations on this aspect of foster care are discussed on pages 22-30.

The studies note that once foster care has become the impending plan for the child, there is great lack of adequate information on which to base a plan for the child or make proper selection of the most suitable living situation. Although many children are placed under emergency conditions which preclude thorough evaluation, too many others are inadequately screened for placement. Far too many children are not evaluated for

physical, intellectual, or emotional needs prior to foster placement. Additional staff and purchase of service contracts for diagnostic and treatment services were recommended to remedy this shortcoming.

Every child old enough to experience the trauma of separation from his family needs counseling to understand and cope with his feelings and adjustment. Most children are not receiving this counseling; this is seen by the studies as a major shortcoming in foster care services.

Lack of preplacement visits to the foster home, selection of homes on a hasty "space-available" basis, and inadequate preparation of the foster parents for the problems of the child are a disservice to the child and lay the groundwork for subsequent uprooting. The studies recommend that utmost care be taken with the child and his family in arriving at short and long term goals as early as possible, preferably at intake. In order to avoid disruption of relationships with foster families, the child should be carefully matched to the capabilities of the foster home. A wider variety of types of foster homes is needed for the care of special needs children, emotionally disturbed children, and teenage children. Recommendations for acquiring these facilities are given in the Foster Family section (see page 111).

An immediate action recommended by most states was review of existing cases in foster care to ascertain whether or not the child had received examinations and treatments prescribed, to evaluate case plans in light of demonstrated parental interest, to determine long-range plans, and to institute adoption proceedings if conditions merit. This was recommended to insure that no child's interests were being neglected, to avoid unnecessary placement in foster care, and to forestall procrastination in permanent planning.

Iowa recommends further study to determine if more families could be strengthened by additional services or services different than those currently offered and to assess the impact that lack of parental contact with the agency and child has on plans for the child. Iowa also recommends efforts be made to strengthen ties between siblings. Iowa and California recommend efforts to encourage the participation of grandparents and other relatives in the planning and care of the child. The Massachusetts and California studies suggest that many families might stay together or be reunited through services such as day care facilities, homemakers, family counseling, financial assistance, and others.

California recommends (Children Waiting, Summary of Recommendations #17) that children to be placed for adoption should receive counseling to help them make the emotional break with natural and foster families during the planning process. Most states recommend a more intensive effort to place children for adoption if return home is not likely. Massachusetts recommends establishment of a policy requiring that every child not likely to return home be considered a potential candidate for adoption and be referred to the adoption unit for evaluation. "Hard-to-place" children should be referred to one of the adoption resource exchanges.

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AGENCY STAFFING AND SERVICES

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Case Workers

TABLE 36

Case Worker Work Loads	
State	Work Loads
Arizona (Report, p. 12)	60 families - can total 150-200 children
California (Synthesis, p. 22)	Average range is 25 to 68
Massachusetts (p. 88)	No case load figure Staff is 1/3 under normal complement 32% (1,690) cases are without a case worker
Vermont (p. III-20, IV-3)	50 or more Report recommends number of workers be increased 50%

Work loads are not standardized. The number of cases per worker is not necessarily an indication of the work required to do adequate case work. All cases do not require the same time, attention, or services. Service units also vary from one agency to another, i.e., one worker may do adoptive, foster care, and protective work in her agency, whereas another worker may do only foster care or only adoptive work. Fifty cases may refer to 50 natural families which might include 200 children or to 50 children in foster care. Thus, worker case load ratios are nebulous in meaning and difficult to compare. Indications are, however, that workers are overburdened, and in most instances they are unable to do more than the essentials in meeting one emergency after another. They rarely have time to do intensive or extensive case work, review, or follow-up. Ratios of worker to cases generally exceed minimum standards set by the Children's Bureau/American Public Welfare Association.

TABLE 37

Case Worker Annual Attrition	
State	Attrition
Arizona (Report, p. 13)	Very high attrition rate 9 month average retention of workers in some districts
Massachusetts (p. 26)	29% public welfare worker attrition per year (1968 U. S. Department of Health, Education and Welfare) 66% of the foster children have been in their workers' case load less than one year 16% one to two years 16% more than two years 2% time in caseload unknown
Vermont (III-22)	Agencies experience high annual attrition of workers

TABLE 38

Case Worker Employment Conditions	
Arizona (Report, p. 13)	Interviews concurred on the following reasons for worker attrition: Workers are frustrated over inability to do good case work because of heavy case loads, excessive time required for non-case work duties, lack of training, lack of opportunity for advancement. The Department of Economic Security gives little support to Social Services Departments, so problems continue. Private agencies offer better salaries and working conditions which attract workers from the public agencies.
Massachusetts (p. 88)	Study did not discuss reasons for worker attrition, however, it did state "The Division of Family and Child Services is approximately one-third below its normal complement of personnel. One-third of the children did not have social workers assigned to their cases on November 18, 1971. Since that time, the Department has been through two personnel freezes.... The proportion of uncovered cases is certainly higher today than it was then." Study notes salaries are generally low, as is prestige.
Vermont	Social services suffer from chronic underfunding (p. II-4). Caseworkers are low-salaried (p. III-24). Agencies are understaffed. Caseworkers must spend large percentage of time on non-case work duties. (p. II-6, p. III-21)
California (Synthesis, p. 57)	"...Is it possible to bring these resources [educational, legal, medical, diagnostic] together to help what is currently burdening the one, lone (perhaps untrained) social worker, who has a case load of seventy, in making nearly all determinations which affect the foster child?"

Qualifications and Training

The qualifications and training of social workers varies widely in the states studied and within some states. Most of the workers are college graduates although some states do not require a degree or that the worker's degree be in social work, child welfare, or a related field. Most states do not require or provide programs of training for the workers either prior to, or during, employment.

Case Recording

A great many workers are not trained in methods of case recording, with the result that records are incomplete and vary widely in format and type of information included.

The Vermont study makes special note of the inadequacy of case records in planning for the child, selecting the most suitable type of care, and collecting data to determine needed resources.

The Massachusetts study states:

> The issue of records and procedures represents an area of significant concern. It was found that many of the records of the children are incomplete, i.e., they do not contain medical records, school records, etc.... Even in cases where the information has been obtained, it was discovered that many of the children's records are filed in cardboard boxes in a closet for lack of space or personnel to file them appropriately. (p.

Arizona notes that workers received little training in case recording and that lack of standardization was a major problem.

Case Planning

Most of the studies cite lack of adequate planning, goal setting, review, and follow-up of cases as major problems hindering achievement of foster care objectives. The Vermont study stresses the need for written case plans

which should state objectives to be achieved and review date, person, or department responsible and accountable for each child. At the current time lines of accountability and responsibility are not clearly defined. This study notes need for improved coordination of services to assure the children's needs are met, prevent overlapping of services, and provide needed facilities for service, treatment, and care. The study reiterates the need for worker training and notes that most workers were unable to articulate case goals.

Need for improved training programs for case workers in foster care units is noted by most of the studies, as is need for more workers to cover the cases adequately. The studies also cite need for additional workers and training in other divisions of family service, i.e., intake, protection, licensing, and adoption units.

The California study Children Waiting says: "it is the viewpoint of the Board that in too many cases, the entire placement process is handled on a crisis basis (p. 14)." The study finds improvement is needed in coordination of services to children and in monitoring of program effectiveness at all levels of service. Special mention is made of the need for increased efforts to identify the best plan for each child at the time of intake, lessen time in foster placement, and lessen the number of different placements per child. Case plans should be written for each child and specify the time frame for objectives and review.

Foster Home Licensing Procedure and Staff

Increased staff in the division of foster home licensing could greatly improve recruitment and retention of additional foster family homes and specialized care homes. The Massachusetts study (p. 7) reports that casework pressures have prevented the screening and licensing of pending applications for foster homes, in spite of the fact that 20% of the foster family homes are overcrowded by Massachusetts' own state standards and the need for homes offering special care.

The Arizona Report (p. 7) states that foster family homes are licensed and must be relicensed annually. The Report notes that the standards for foster family homes at the present time are confusing and are being revised. Arizona licensing workers are not specifically trained in licensing procedures, and there are no clear cut state regulations on licensing. Often, important aspects of foster care are not even discussed with prospective foster parents at the time of licensing, such as special problems and needs of foster children and visits by natural parents. The Report indicates that the shortage of foster homes may encourage the licensing of borderline or unsatisfactory homes and limits the evaluation of homes applying for licenses. Little or no technical assistance, orientation, or training is provided to the foster parents.

The Vermont Study (p. III-15) indicates that the licensing procedure does not precisely define services to be rendered or qualifications of staff, nor are costs for group homes specified. The study notes a recent influx of applications for group homes which might not be needed as much as care for adolescents and emotionally disturbed children and youth.

Adoption Staff

Most studies mention the need for more adoption workers to assure that each child has the opportunity for thorough adoptive evaluation and placement if possible. Need has also been noted for additional legal staff to expedite children's release for adoption, search for missing parents, and adoption proceedings. The California study Children Waiting (p. 29-30) notes that adoption services should be available locally, with legal assistance to expedite adoption planning and clearance. The California Synthesis (p. 28) indicates shortcomings in the system of identifying adoptable children.

The Massachusetts study states:

> The Division [of Family and Children's Services] does not move effectively to free children for adoption... (p. 71)
>
> Almost 40% of the 210 Petitions which need to be filed for children identified as having been abandoned by their parents, have not been filed. In addition, one-half of the petitions freeing children for adoption were filed more than one year ago but nothing has been done with them. These are but two of the many possible illustrations which demonstrate that the legal staff of the Department...is woefully undermanned. (p. 85)

Other Staff Needs

In addition to the shortage of social workers, many studies found that much of the skilled personnel available was not efficiently utilized. A large portion of workers' time was spent on non-social work duties, e.g., telephoning, arranging appointments, transportation, processing forms. Workers could be relieved of a considerable amount of this work by less skilled paraprofessional assistants. Most of the states use some paraprofessional help, but most need more.

Vermont (p. II-5) reports a need for training other child care personnel, such as cottage parents, who are not currently trained in social work, child welfare, or related fields. The Vermont study (p. II-5) indicates that supervisory and administrative staff are generally not trained in social work or related fields. Supervisors lack knowledge of supervisory techniques and spend only 40% of their time on duties related to committed children. The ratio of workers to supervisors appears generally to exceed the minimum standards set by the CB/APWA.

Service Facilities

Public welfare departments are frequently given a low priority in state budgeting. A result of this is year-to-year planning, rather than long range provision for needed facilities and community resources. The Arizona Report notes that specialized services and consultants were available in some areas but not in others. Rural areas were in critical need of specialized assistance. Every study mentioned lack of, and need for, specialized care foster homes, especially for teenagers and physically or mentally handicapped children. Most reports mention need for additional diagnostic and treatment services. Efficient data collection systems to keep abreast of needs and to track required facilities were lacking in most states. All mention that shortage of funds for needed treatment and lack of adequate facilities impeded efficient social work performance.

Termination Services

Very little information was available on termination and close-out of cases. It is likely that post-placement service is inadequate in view of the shortcomings of both preplacement and placement services.

Foster Parents

Foster parents are viewed as team members in the foster care system because the day to day responsibility for the welfare of the children is in their hands. This is especially true under existing conditions of overburdened and inadequately trained workers. Foster parents are a vital part of agency staffing, and as such, require support services, adequate facilities for the children's needs, training for their role, information on the children to be placed with them, adequate reimbursement of costs incurred, and recognition of their contribution to the program. Continuity of the foster family placement is essential to the emotional adjustment of the child. Recruitment and retention of good foster families is of the utmost importance in any consideration of foster care services. The following section provides information pertinent to these aspects of foster care.

Characteristics of Foster Parents--Age

Massachusetts (p. 70) N=149	Mother	mean age	45.7 years
	Father	mean age	46.4 years
California (Children Waiting, p. 9) N=311	Foster parents are generally in their mid-forties.		

Characteristics of Foster Parents--Marital Status

Massachusetts (p. 70) N=149

81.0% - Married (majority are the original marriage)

8.2% - Separated or divorced

8.1% - Widowed

2.7% - Single

Characteristics of Foster Parents--Education

California (Children Waiting, p. 9) N=311	Most foster parents are high school graduates.
San Gabriel Valley (CDA Questionnaire) N=53 couples	31.6% of the foster mothers have some post-high school training such as vocational or trade school, as did
	30.0% of the foster fathers.
	38 0% of the foster mothers had some college training, as did
	38.6% of the foster fathers.
Massachusetts (p. 70) N=149	Foster mothers:
	15.7% had elementary education or less.
	35.9% had some high school.
	31.3% were high school graduates.
	4.8% had some college training.
	2.7% were college graduates.

Characteristics of Foster Families--Average Number of Children per Home

Arizona (Report, p. 3)	3 to 4 children per home average.
Massachusetts N=147	3.4 children per home average (p. 57).
	20% of the homes have more than 6 children under age 16 (p. 7).
California (Children Waiting, p. 9) N=311	Most foster parents have their natural children as well as foster children in the home.

Characteristics of Foster Families--Length of Time at Current Address and Home Ownership

California (San Gabriel Valley CDA Questionnaire, December, 1973) N=53 couples	Most foster parents responding had been at the current address over 10 years and owned their home.

Characteristics of Foster Families--Length of Time at Current Address and Home Ownership--continued

Massachusetts (p. 59-61) N=149	70% have been at the current address over 5 years.
	20% have moved once in 5 years.
	86% owned their home.

Characteristics of Foster Families--Motivation to Become Foster Parents

Arizona (Evaluation)	Most reported they became interested via a friend friend or relative; some via news media.
California (Children Waiting, p. 10) N=311	25% became interested via a personal experience.
	23% became interested via a friend.
	19% became interested via the news media.
	33% reason not given.
Massachusetts (p. 68) N=149	96.6% said they were aware of the need for foster homes and wanted to help children.
	3.4% were motivated by financial reasons.

TABLE 39

Annual Income of Foster Families

State	Annual Income				
	$3,000 or less	$3,000-5,000	$5,000-7,000	$7,000-10,000	Over $10,000
Massachusetts (p. 60) May, 1972	8.8%	6.8%	15%	32%	33.4%
Arizona (Evaluation) March, 1974	$8,696.00 - average				
California (Children Waiting, p. 9) June, 1972	$8-10,000 - average				

TABLE 40

Employment of Foster Parents								
State	Unemployed involuntarily	Unskilled	Civil service/ clerical/sales	Skilled	Professional	Student	Retired	Non-applicable
California (San Gabriel Valley CDA Questionnaire), December, 1973 N=53 couples	Most skilled on current job 9 years or more, range on current job = 2 to 10 years.							
Massachusetts Foster Mothers (p. 60) N=147		6.8%	14.3%	.7%	2.0%			76.2%
Massachusetts Foster Fathers (p. 60) N=147	2.0%	8.8%	23.1%	38.9%	6.1%	.7%	6.1%	14.3%

The foster parents present a far more stable picture than the natural parents. Comparison of the two groups shows the foster parents are generally older than the natural parents. A far larger majority of foster parents are married and the original marriage is intact. More foster parents than natural parents have graduated from high school. The foster parents remain at the same address to a far greater extent than the natural parents, and most of the foster parents own their homes compared to about 5% of the natural parents. The foster parents achieve greater employment stability and higher incomes than the natural parents. Foster parents generally are caring for more children in the home than natural parents are.

TABLE 41

Foster Family Home Reimbursement Rates, Per Child Per Month				
State	Date	Reimbursement Rates		
		Range	Average	When Foster Family is Related to Foster Child
California (Synthesis, p. 23-25)	June 1973	$98 - $160	$122.80	$50 to $75
Arizona (Report, p. 15)	1974	Infant - $ 97.50 Regular- $110.00 Special- $150.00	No information	No information
Massachusetts (p. 6)	1971	$48 - $160	$80.00	No information

Of 311 California foster parents surveyed (Children Waiting), most felt reimbursement rate was not adequate to cover costs (p. 11). Low reimbursement rates have hampered recruitment of many homes, spurred rapid turnover, and stifled development of specialized care homes resulting in use of expensive institutional care for many, especially emotionally disturbed children and youth (p. 45). Foster family homes should not have to pay for licensing, fingerprinting, and inspection fees (p. 51).

The Massachusetts study, in discussing motivation to become foster parents and reimbursement says:

> Perhaps the most important aspect of this information is that very few people become foster parents solely for money.... This should not negate, however, the necessity of recognizing the communities' responsibility to provide the foster parent with adequate payment and resources to do the job effectively.... The very low frequency of financial motivation for becoming a foster parent is borne out in the data regarding expenses in raising a foster child. More than 93 percent of the foster mothers state that they regularly use their own financial resources to cover expenses of their foster

> children. These are primarily reimburseable expenses, but the reimbursement process of the Department is reported to be barely manageable in most instances. Since it is known that the foster families, on the whole, are families with working class incomes, the extra expenditures for them in the foster care process are not a small matter. It would almost seem that the Department's contant pressure to account for and limit its expenditures, has created serious financial handicaps for the foster parents. (pp. 68-69)

Summary of Reimbursement Policies

Foster parents are not salaried but are reimbursed for expenses of the child such as food, clothing, and school supplies. Reimbursement rates vary from state to state and within states. The range is approximately $50.00 - $150.00 per month per child. Rates are generally conceded to be low. There is usually no provision for the care of the children while the foster parents are on vacation. Many states require foster parents to pay for fingerprint checks, inspection, and licensing fees. Generally there is no provision for liability insurance to cover the foster children in the home. Necessary diagnostic screening and treatment for physical, emotional, or intellectual problems must be arranged and authorized by the agency. Confusion over agency policy on what constitutes "special needs," cumbersome reimbursement procedures, and occasional refusal by a medical service to accept Medicaid sometimes results in foster parent's inability to get needed treatment for a foster child or reimbursement if he pays with his own funds.

Foster Parent Training and Preparation Prior to Placement

Arizona
(Report, pp. 14-16)

* Preplacement visits by worker or child or natural parent to foster parents were rare.
* 21% of the foster parents were visited by worker prior to placement.
* 12% of the foster parents received some preplacement training.
* Most foster parents received little or no technical assistance, orientation, or training (p. 7).
* Licensing and relicensing procedures often neglect evaluation of important factors, e.g., attitudes toward natural parent visits, disciplinary methods, and problems common to foster children.
* Foster parents receive little information on the child and no training on agency procedures, e.g., who to call for help, help available, foster parent's right to refuse a child.
* The high incidence of requests to move children due to foster parent's inability to cope with problems or special needs, self-closure of homes, and rapid turnover of foster family homes might be alleviated with more thorough preplacement training.
* Foster parents have little understanding of reasons a child is moved.

California
(Children Waiting, p. 10)
N=311 foster parents

* 37% felt they did not receive an adequate explanation of "what they were getting into."
* 75% were not aware of the child's disability or the severity of the disability prior to placement.
* 78% felt agency leadership in sponsoring small group meetings among foster parents would have been helpful.

Massachusetts
(pp. 79-80)
N=149 foster parents

* "The Division does little to prepare and support foster parents (p. 74)."
* Less than 25% received preplacement training.
* 18% met the natural parent prior to placement.
* 36% met the child prior to placement.
* Often the only agency contact prior to placement was a phone call inquiring into availability of space.
* 12% expected the child to stay approximately 9 weeks when placed.
* 33% expected a temporary stay.
* 61% were given no indication of anticipated stay.
* 4.8% expected long-term placement.
* The actual average length of these placements exceeded 3-1/2 years.
* 72% of the foster parents had some idea why the child was in foster care.
* 12.2% said the worker did not discuss the child at all prior to placement.
* 75% were unaware of the child's special needs prior to placement.
* 23.2% knew the child's disability had been evaluated prior to placement. The remainder did not know if the child had been evaluated for his handicap.
* Unless a child's handicap is visible, it can go undetected.

Foster Parent Training During Placement

California
(Children Waiting,
p. 11) N=311

* 49% of foster mothers received some training, most would like more.
* Foster parents felt they needed more adequate paid services to cover tutoring, orthodontists, and medical, psychiatric, optometric, and pharmaceutical services.

Arizona (Report, p. 7)	* Little or no training provided.
Massachusetts (p. 68) N=149	* 46% of foster mothers received some training although most sought it themselves. Training was not provided or required by the agency. * 40% of the foster parents would like more training. * 29% of the foster families received no training or counseling.

Summary of Foster Parent Training

Foster parents receive little or no orientation training prior to placement of a foster child, and most of the states studied neither provide nor require any training during placement. Foster parents rarely meet the child prior to his placement in their home, and most have little opportunity to learn about the child's needs, problems, or their ability to deal with a particular child. Most are not well informed on agency policies, services available, or how and where to get help if needed. Most are not aware that they may choose not to accept a particular child if they feel incapable of filling his needs. Most foster family homes are visited every few months by a case worker, but many foster parents feel agency service is inadequate.

Many foster parents have expressed a desire for training, and many have sought training on their own. Many have joined and become active in foster parent associations.

Retention of Foster Family Homes

The studies indicate rapid turnover of foster family homes. Reasons cited for this attrition are inability of foster parents to cope with problems presented by the child, overworking good homes with too many

children, no vacation provision, inadequate agency support services, inadequate training and preparation of foster parents, and inappropriate matching of child to foster home.

TABLE 42

Retention of Foster Family Homes	
State	Retention
Arizona (Report)	33.3% attrition per year (p. 15)
	1 - 2 years average time a home remains in the program (p. 3), during which time the home will receive 4 to 5 children.
	Workers report good homes are overworked with too many children and no provision for vacation (p. 15).
California (Children Waiting, p. 10)	Almost 50% of the foster family homes have been in the program over 5 years.
(San Gabriel Valley CDA Questionnaire, 55 responses)	16% had been in the program under 2 years. 42% 2 to 5 years. 29% 5 to 10 years. 6% over 10 years. 2% over 15 years
(Legislative Audit Committee Report)	Of all the foster family homes licensed in San Francisco in 1970, only 18% were still active in April, 1973. Attrition of foster family homes is increasing.

Rapid turnover of homes and large numbers of foster parents unable to cope with problems is also indicative of a need for more homes qualified to give specialized care. The following data from the studies present foster parent suggestions for easing recruitment of foster homes and the reasons for reviewing children from foster homes.

TABLE 43

Recruitment of Foster Parents Suggestions from Foster Parents Surveyed	
State	Suggestions
Massachusetts (p. 69) N=149	58.5% - Increase publicity and public awareness of need for foster parents. 50.0%* - Make better services available to foster parents.** 50.0%* - Provide more money per child.**
California (Children Waiting, p. 10) N=232	80.0% - Attempted to recruit other foster parents. 47.0% - Recommend foster parenting to their friends. 25.5% - Seldom recommend foster parenting to their friends. 9.0% - Never recommend foster parenting to their friends.

*Approximate figure.

**Study notes, "This, in spite of the fact that most previously mentioned that finances were not a consideration when they decided to become foster parents."

TABLE 44

Reasons for Child's Replacement-- Arizona (Evaluation)		
Reason	Cases	Percent
Foster parent requested move	93	20.7
Foster home self-closure	65	14.5
Worker initiated move	46	10.2
Placed with parent or relatives	51	11.4
Institutional placement	15	3.3
Foster family vacation	7	1.6
Child requested move	22	4.9
Foster family-natural family conflict	7	1.6
Abuse of child	4	.9
Adoption placement	20	4.4
Child ran away	22	4.9
Child placed with siblings	7	1.6
Community unable to meet child's needs	9	2.0
Other	37	8.2
Unknown	44	9.8
Total*	449	100.0

*Table does not include children in temporary placement in the sample of 462 cases studied.

TABLE 45

Reasons Relating to Foster Family for Replacement of Child

State	Reasons				
	Foster Parent Unable to Cope with Needs or Problems	Self-Closure of Home	Foster Family Vacation	Child Requested Move	Natural Parent and Foster Parent Conflict
Arizona (Evaluation) N=449	20.7%	14.5%	1.6%	4.9%	1.6%
Massachusetts (p. 31)	26%+				
California (Legislative Audit Committee Report)	Rapid turnover in foster family homes is largely due to family inability to cope with special needs and problems of children placed there.				
(Children Waiting, p. 14)	"...there seems to be little effective matching of the needs of the child to a particular foster care home or the strengths and capabilities of particular foster parents."				

TABLE 46

Worker Effectiveness in Solving Problems--California

Response of 208 California Foster Parents, Children Waiting, p. 12)

Effectiveness	Percent
Worker is almost always helpful	33%
Worker is occasionally helpful	48%
Worker is seldom helpful	12%
Worker is almost never helpful	7%

In most instances, foster parents did not believe workers visited often enough to have an observable positive influence on either the younger or older children.

Eighty percent of 294 foster parents indicated that the worker almost always responds promptly to telephone requests for information and buidance.

TABLE 47

Child's Needs Matched to Service Provided by Foster Family--California

(Response of 274 California Foster Parents, Children Waiting, p. 11)

Matching Frequency	Percent
Almost always	37%
Usually	38%
Seldom	17%
Almost never	8%

TABLE 48

Foster Family - Agency Conferences

State	Conference Frequency					
	At Least Monthly	At least in Three Months	In Six Months	In One Year	As Needed	Never Since Placement
California (Children Waiting, p. 11)	35.0%	25.0%				
Massachusetts* (p. 68) N=149	33.3%	15.0%	4.8%	8.2%	33.9%	4.8%
Arizona (Evaluation)	Workers make 3.2 visits in a 6-month interval to foster family and/or child.					

*Approximately 33% of Massachusetts cases are not covered by a worker. Massachusetts notes, "In spite of the relatively low frequency of social work contacts with the foster home...72.6% of the foster mothers feel that the social workers are available as needed most of the time. The remaining foster mothers [27.4%] feel social workers are not readily available to them and, therefore, they are left with the immense responsibility of caring for a child, not their own, without Department support (p. 66)."

Study Recommendations

Administration of Services

Several problem areas in the administration of social services were mentioned by most states:

* Some areas, especially rural areas, lack most essential service facilities; other areas have an abundance of certain types of service and shortage of others.
* There is much overlapping of authority and responsibility, with consequent lack of accountability for provision of service and performance.

* All states mentioned need for an efficient system of tracking needed facilities, collecting data, evaluating program effectiveness, and overall monitoring of service.

Various recommendations were made to improve the administrative organization of services for children and their families.

* The California Synthesis (pp. V, VI, VII) states:

> ...the single compelling recommendation for a 'Children's Department' was carefully considered.... Despite the numerous suggestions made for a comprehensive Children's Service Unit, the Consultants who grappled with the manner and level for placement of such a proposed unit within the State Government were able only to formulate a list of a few structural considerations.... Because the issue of a single Children's Service Unit is of such importance to an overall review of foster care, the Children's Research Institute of California urges the Governor and Legislature to establish a task force to define and make the legislative and regulatory changes necessary to establish such a unit during the 1975 Legislative Session.

* The Vermont study dwells at length on recommendations for reorganization which would transfer the responsibility and authority for consolidating a network of Regional Children's Service Offices to one department existing at the state level. Comments of the Executive Committee of the Vermont Committed Children's Study notes the following observations on the recommendations:

> There was vigorous discussion and varied viewpoints about this proposal. Putting all children's services in one department will require extensive reorganization. Several members of the Committee, in varied ways, stressed that reorganization that moves services from one department to another will accomplish little unless the State becomes willing to suitably fund component programs. Appropriations adequate to support programs that can deliver the range and quality of services children are known to need is more important than reorganization. (p. 6)

> Question was raised as to why the writers of the Report did not consider a free-standing youth services department or department of child and family services committed to the idea that work with children becomes hopeful and realistic only when it is truly able to think about children as members of families and when the work is effectively organized to improve the life of their families. (p. 7)

* On the subject of the administration of social services in the foster care system, the Massachusetts study states:

> The Division has no effective administrative tools to identify the needs of children in their care or to effectively report the nature of its activities.... One of the areas where this lack of accountability is particularly problematic is around obtaining services for children...there is no person in the Department who is finally responsible. The consequences are that no person in authority really knows the need for homemakers, speech therapists, psychological evaluations, medical appliances, etc. (p. 74)
>
> It is recommended that the Department review its policies related to the provision of service to children and families and rewrite them in operational form where necessary. In addition the Department policies should reflect clear lines of responsibility with mechanisms for accountability. (p. 89)
>
> It is recommended that an administrative check-off system be established to assure that appropriate information on every child in care is obtained. This information should, in turn, be summarized and forwarded to the foster parent. (p. 89)
>
> From the perspective of long-term impact and assurance that problems identified in this report will not recur once they have been dealt with, the major recommendation of this report is the implementation of a child care information, service and cost accounting system. Though such a recommendation is somewhat undramatic, there is little doubt that the lack of such a system, even manually operated, is probably the greatest single factor which has allowed the problems identified in this study to exist. (pp. 89-90)

Staffing

All of the studies found shortcomings in efforts to strengthen families and prevent the placement of children in foster care.

* Iowa recommends further study to determine what services natural parents would need to take the child home and to ascertain the extent to which adequate services had been provided to families prior to placement.

* Vermont, Massachusetts, California, and Arizona recommend acquiring the staff necessary to implement effective comprehensive family services, emergency services, and crisis intervention assistance, similar to recommendations in the Children's Bureau/American Public Welfare Association Standards for Family Services Systems.
* The Arizona Report (p. 21) suggests that CB/APWA basic standards for all aspects of foster family services be adopted as a goal within a set time frame. The report recommends that a single individual or unit be assigned to insure that the work plan is implemented. The Arizona Department of Economic Security has requested assistance of CB/APWA and the Child Welfare League in this effort.
* Effective preplacement service requires intake workers in numbers sufficient to handle family problems quickly and thoroughly and to gather and weigh all information in order to arrive at the best possible plan for the family and child.
* California's Children Waiting notes, "Many children are placed and left in foster care unnecessarily. These are children for whom an appropriate alternative could have been selected or at least identified at the point foster care was requested, i.e., at intake (p. 24)."
* Protective workers are required to safeguard the welfare of the child and the rights of his family. More such workers are needed.
* Most of the studies recommend hiring sufficient licensing workers to properly process applications for foster family and group homes and to provide adequate information to foster parents on their roles and responsibilities.

Effective service to children and their families during a child's foster care placement requires foster care and adoption workers in numbers ample to do intensive and extensive casework. Most of the studies recommend hiring additional workers to accomplish the goals of good foster family services. More legal staff is needed to implement adoption proceedings.

Supervisors must be hired in numbers sufficient to assure careful case monitoring and worker guidance.

Most reports mention need for additional paraprofessional assistants to relieve workers and supervisors of duties requiring less than professional skills.

Staff Training

All reports recommend additional training for workers. Several studies note lack of orientation of workers prior to employment and recommend pre-employment programs. The reports strongly recommend that in-service training programs be developed, provided, and required. These should stress:

* Competent case recording techniques
* Development of case plans
* Identification of special problems
* Methods of solving problems
* Setting short and long range goals
* Time frames for achieving goals
* Follow-up, review, and revision of case plans

The studies recommend these training programs be developed at the state level, using federal funds where available. Programs might be developed in cooperation with colleges and universities. In-service training programs should be required as a condition of employment.

Comments of the Executive Committee of the Vermont Committed Children Study state:

> However, to say that '...improvements in the systems of care is contingent upon solution of the problems summarized in the preceding section' is not enough. There must also be awareness, the Committee believes not sufficiently reflected in the Report, of the values the systems now have in dedicated and able staff members. There is genuine caring about children among these staff members, and they have higher capabilities than the limitations in the systems now allow them to apply. The Report might well have given decidedly more emphasis to the high desire for learning and growth of the personnel and their desire for better opportunities open for the children. These desires are too often blocked and denied by the ways in which conditions of work do not promote growth or allow only expedient and half-measures in the opportunities required by the children. (p. 3)

Retention of Workers

Most studies recommend providing working conditions conducive to the retention of good workers. Proper working conditions should include salaries commensurate with responsibilities, opportunities for training and advancement, uniform workloads, and resources and facilities necessary to perform duties mandated.

Resources and Facilities

The studies recommend additional diagnostic, screening, and treatment services. Most studies mention purchase-of-service contracts in areas accessible to those served as the most desirable method of providing needed specialized services. The Vermont study recommends hiring a team of experts, e.g., medical consultants, psychiatric experts, social work specialists, which would travel from region to region on a regular basis for diagnostic screening, case review, and recommendations.

Facilities needed for efficient family services, generally now lacking or in short supply, should be provided either via increased agency capability or purchase-of-service contracts. Such facilities would include homemaker service, day care, medical care for physical or emotional problems, family counseling, financial assistance, emergency shelters, and emergency hot-line. Most studies recommend more use of volunteers and relatives to assist families in trouble.

The reports concur in the need for wider variety and more specialization in foster homes. Improving conditions of foster parenting (discussed in the next section) and increasing related staff personnel are recommended.

Foster Families

All reports recommend increased efforts to provide more foster family homes, a greater variety of foster homes, and more homes qualified to give specialized care. The studies stress that foster parents must be trained for their responsibilities. Additional licensing workers should be hired to expedite processing of foster home applications. These workers should be trained to thoroughly acquaint prospective parents with the needs of foster children and the problems frequently encountered with foster children. Foster parents should be thoroughly briefed on agency procedures, how and where to obtain assistance when needed, and what assistance is available to foster parents and children. Foster parents should be required to attend training programs developed to assist them. Prior to the placement of a child in their home, the foster parents must receive complete orientation about the child and be encouraged to weigh the needs of the child and their

capability of filling those needs. There should be no stigma attached to a foster parent's decision not to accept a particular child. Such honest admissions should be encouraged in order to prevent unsatisfactory placements and subsequent moves.

Foster parents should be considered, and treated, as team members with other agency staff. They should be included in staff conferences planning for their child, and they should participate in the development of programs and innovations affecting the foster care system. Procedures should be worked out to handle grievances or concerns of foster parents. The Arizona Report on Foster Care recommends establishment of an ombudsman to handle complaints or grievances of foster parents, natural parents, or foster children. Foster parent organizations, small group meetings of foster parents, and other helpful techniques should be encouraged and initiated where possible by the agency. Growing numbers of foster parents are joining state Foster Parent Associations which are affiliated with the National Foster Parents' Association.

Reimbursement rates must be ample to cover costs incurred for the child and equitable within regions. The system of reimbursement should be convenient for the foster parent to use.

The burdens placed on foster parents have increased as more older children with more emotional problems have entered foster care. Because there is a shortage of specialized care facilities, more children with special needs have been placed in foster family homes. The studies recommend that every possible consideration be given to means of easing the burden placed on foster parents. A few of these suggestions are provision of

summer camp or other recreational experience for the child to enable foster parents to take vacations. Most studies recommend that some foster parents be professionally trained and salaried to provide special care homes.

Fees for fingerprinting when required, licensing fees, and premiums for liability insurance should be provided for the foster parents. Baby sitting service might be provided by paraprofessional workers or volunteers to permit foster parents to attend training sessions, group meetings, school activities, or extracurricular activities of the children. Transportation should be provided where needed for children's treatments, counseling, shopping, and training programs. The prestige and status of the foster parents should be raised wherever possible.

Institutional placement should be used for specific types of care. Individualized plans and treatment for each child should be provided and reviewed periodically as recommended for children in foster family and group homes. Cottage parents should be carefully trained for their responsibilities.

PART V

FISCAL CONSIDERATIONS

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Sources of Funding

It is generally conceded that the costs in human values of neglecting children in foster care is immeasurable. There are also significant monetary costs in such neglect which, if reduced, could save considerable tax funds.

The costs and responsibilities for foster care programs are borne almost entirely by the public. The Massachusetts study points out that 91% of their foster children are cared for by the Department of Public Welfare. Less than 2.5% of children in foster care in Massachusetts are in placements financially independent of the Department of Public Welfare.

Only a very small number of children are supported in whole or in part by their natural parents. Two percent of natural parents in California and 11% of natural parents in Massachusetts contribute partially to the support of their children in foster care; 1.5% of Massachusetts' natural parents pay the full cost of foster care. Less than 10% of the Massachusetts children receive any type of outside financial support, such as Social Security benefits, insurance payments, or Veteran's benefits.

The largest portion of the costs of the foster care program in California is borne by the local county government which pays 55%; the federal government pays 15%, and the state government pays 30%. In contrast, the county share of the Aid to Families with Dependent Children Program is 17% to 18%. Information is not given by other states on specific apportioning of costs among federal, state, and local governments.

The California Legislative Audit Committee Report (148.1, pp. 4-5) notes that due to lack of necessary information from the Department of Social Welfare, approximately 3,150 eligible children in foster care have not been

claimed for federal reimbursement since 1967, resulting in an estimated loss to the state (as of June 30, 1973) of $18 million. The Report recommends better identification of dependents and wards of the court eligible for federal reimbursement.

Comparison of foster family home rates with institutional and group home rates is provided in Tables 49 and 50.

TABLE 49

Cost Per Child in Group Homes and Institutions*

State	Date	Group Home	Institution
California (Synthesis, p. 24)	June 1973		$395 to $631 per mo. Average $514.40 per mo. $4,740 to $7,572 per yr. Average $6,172.80 per yr.
Arizona (Report, p. 24)	1975	Custodial care only--for teens $16.20 per day $492.75 per month $5,913 per year	Average $486.00 per mo. Average $5,832 per year

*Specifics covered by these rates is not given.

TABLE 50

Foster Family Home Reimbursement Rates
Per Child Per Month

State	Date	Reimbursement Rates		
		Range	Average	When Foster Family Is Related to Foster Child
California (Synthesis, pp. 23-25)	June 1973	$98 - $160	$122.80	$50 - $75
Arizona (Report, p. 15)	1975	Infant - $97.50 Regular - $110.00 Special - $150.00	No information	No information
Massachusetts (p. 6)	1971	$48 - $160	$80.00	No information

California's Children Waiting (p. 43) reports that it costs the taxpayers up to five times as much to rear a foster child from birth (1970) to age 18 as it would if the child were reared in his natural or an adoptive home. According to the study, over an 18-year period savings averaged more than $60,000 per child placed in adoptive rather than foster care.

California's Legislative Audit Committee Report (148.2, p. 31) estimates 8,200 children under age six who are not likely to be reunited with their natural families could be placed for adoption, if released. The Report estimates this could result in a saving to the state of approximately $29 million per year.

Comments on Fiscal Considerations

Lack of adequate funding contributes to the most serious shortcomings in the foster care program, e.g., inadequate staff, inadequate reimbursement rates to foster families, inadequate facilities to care for the children. Low reimbursement rates which fail to cover the costs of maintaining the child result in difficulty recruiting homes, difficulty retaining good homes, and inability to develop more specialized ca_e family homes. Costly institutional care is often resorted to for lack of these less expensive (and sometimes more desirable) alternatives.

The principle of "penny-wise, pound foolish" produces repercussions felt throughout the program. Costs rise due to increased emotional problems in neglected children who then require additional costly psychiatric services and special care placements. Neglected children can become school drop-outs, delinquents, addicts, unskilled, and unemployed. The abused, abuse. The unloved become unlovable. The coming generation of impoverished, abused, abandoned children is spawned, continuing the cycle. The golden opportunity to intercept this trend is with today's foster children.

PART VI

COMMUNITY INVOLVEMENT

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Activities to Promote Citizen Participation

Most of the studies concur in the desirability of increasing citizen participation in the foster care programs. In California, contact was made with over 200 women's organizations, not related to child welfare activities, to ascertain their interest in foster care. A number of very encouraging responses indicated willingness to adopt foster care related projects. Arizona also received a positive response from a number of interested community groups. Arizona established a speaker's bureau to present programs on foster care to local groups, prepared written material to publicize their program, and planned to keep in contact with groups who expressed concern.

The Vermont study placed great emphasis on the advantages of citizen advocacy for children's needs. The study makes lengthy, specific recommendations for a Citizen's Advisory Council which would have extensive duties and authority. The study recommends citizen leaders be invited to participate in program development and implementation. The study suggests that the public, if aware of children's needs, would demand greater accountability from those responsible for foster care. The Executive Committee of the Vermont Committed Children's Study disagreed with the report concerning certain duties and authority suggested for the Citizen's Council. However, all agreed on the need for improved accountability and the general desirability of citizen involvement.

Comments and Recommendations on Community Involvement

The studies cite benefits of early referral of problems through community groups in contact with families and children. Early referrals are one of many advantages resulting from a concerned public. This is a fertile field for

children's advocacy, for furthering understanding of programs and goals, and for promoting an atmosphere of cooperative endeavor. These assets are extremely valuable for any program requiring public support.

The American public is known to be child-centered. Tapping this vast source of natural concern will require more than publicity about the needs and status of foster children. However, a well planned public relations campaign could noticeably improve public priorities for foster care support. Such a campaign should include written material explaining who foster children are and what foster care programs try to accomplish. Articulate advocates of children's causes should be available to present challenging programs to community organizations. Availability of these presentations should be publicized in the press and television media. Programs should describe specific ways in which organizations can be of help. Volunteers should be welcomed, assigned duties, and made to feel useful and appreciated. Written invitations should be issued to local groups urging their participation in organizing citizen advisory councils and in planning conferences, orientation sessions, and workshops. Resource manuals which outline referral procedures, help available, eligibility requirements, and other pertinent information should be distributed to community organizations. A variety of materials which can be adapted to local needs is available from the National Action for Foster Children Committee, c/o Jane Hunsinger, Children's Bureau, Box 1182, Washington, D. C. 20013.

Agency personnel should be counseled on the advantages of citizen involvement and encouraged to develop positive attitudes toward public participation.

Community awareness of the public's responsibility for children in foster care is a first step toward support for adequate programs. Such involvement can be very instrumental in raising public priorities for foster care programs. Active citizen groups can bring pressure for funding under Title XX of the Social Security Act and for needed community facilities benefiting other programs and segments of society as well. Such participation will increase understanding of some of the problems faced by impoverished or deprived groups within our midst. The general public, to date, has not been encouraged to become involved in foster care programs. Most people have little knowledge of foster care, its goals, or its programs. Awakened awareness and cooperation can move mountains and should be encouraged in every possible way.

PART VII

CONCLUSION

The five states synthesized in this report, although differing in geographic location, ethnic composition, and economic structure all show similar inadequacies in their foster family service systems.

The conclusion of this repott is reminiscent of the tale, "For want of a nail, a shoe was lost. For want of a shoe, a horse was lost. For want of a horse, the rider was lost. For want of a rider, the battle was lost." For want of adequate funding, agencies lack facilities and staff, including foster parents, sufficient in numbers and training to perform services necessary for a satisfactory foster care program. Preventive and preplacement services are woefully inadequate. Family problems go unaided until the crisis state, thus forcing otherwise unnecessary placements in foster care. The numbers of children in foster care become overwhelming. Children's needs and problems are neglected and increase in complexity requiring specialized care facilities which are lacking.

Prospective foster home applications remain unprocessed for want of licensing staff. Highly motivated foster parents are burdened with problems for which they are ill-prepared and untrained. Good homes become overcrowded and overworked. Foster parents become discouraged and give up foster parenting. Workers, hurrying from crisis to crisis, criticized at every turn, become frustrated and find jobs in other fields offering more satisfaction. Continuity in the most stabilizing influences on the foster child, the worker and the foster family, is thus lost.

Goals of foster family services sink further out of sight for the child and his family. His chances of returning home or finding a permanent adoptive home are slim. The foster child is in limbo, his course uncertain at best; at worst, he is alone on a ship without a sail, without a rudder, without a compass or guiding star, drifting from port to port. If luck is with him, he may come to a happy landing; if not, he will go under, or lash back.

Social scientists have long theorized that if, for one generation of children, the poverty cycle could be broken and a nurturing atmosphere substituted, we would be well on our way toward solving some of the world's biggest problems. We have this opportunity for at least the 400,000 foster children in the United States today. There is no greater injustice than for society to accept, or demand, custody of abused, abandoned, neglected, handicapped, and dependent children only to continue the neglect and abuse. This is the fate of far too many foster children, and the situation will continue unless corrective action is taken.

The findings of this report are not new. Other studies have pointed up the same problems, the same shortcomings, the same results. Little action has been forthcoming. The urgent need is implementation of the recommendations made. Funding is an absolute prerequisite for improvement. That must come from the public. Perhaps the greatest service we can render the foster children in the United States is to awaken public concern. An aroused public will bring pressure for action.

APPENDIX

SYNOPSES OF MAJOR STUDIES

Arizona:	Foster Care Evaluation Program	128
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FOSTER CARE EVALUATION PROGRAM. July, 1974. Arizona Social Services Bureau; Program Development and Evaluation. Department of Economic Security. 1717 W. Jefferson, P.O. Box 6123, Phoenix, Arizona 85005.

PURPOSE: To collect quantitative data on various aspects of the Arizona Foster Care Program. To evaluate the quality of the Foster Care Program according to policies and procedures set forth in Arizona's Department Manual and Standards for Foster Family Services Systems set by the Children's Bureau and American Public Welfare Association.

METHOD: A random sample of 462 foster children and 295 foster family homes was drawn from the 1,808 children in foster care and from the 865 foster family homes in Arizona. Each county is represented in the sample. Case records were reviewed by a study team during May and June of 1974 for specific documentation of information pertaining to:

* Preplacement services
* Licensing and relicensing of foster homes
* Worker contacts per six-month interval to natural parent, foster parent, and child
* Reasons for placement in foster care
* Number of foster home moves and reasons for the moves
* Physical and mental evaluation and treatment
* Plans for the children
* Evaluation of foster family homes

Data is presented by district and county.

Data in the Evaluation was not aggregated for the state as a whole. For purposes of this report, in order that data might be comparable with statewide information from other state studies, the raw data was tabulated by district and county, the samples totaled, and the percentages calculated for the total state sample.

RECOMMENDATIONS: Specific recommendations were made for each district and/or county to remedy shortcomings found in particular areas. Recommendations made to remedy general statewide shortcimings were:

1. Case worker and supervisor training programs should be provided and required. Programs should provide training in:

   * Case recording techniques
   * Developing case plans
   * Setting case goals
   * Implementing plans to achieve objectives within a designated time frame
   * Following-up on case plans
   * Counseling skills

   Training should be provided via workshops and seminars.

2. Work loads should be reduced to conform with CB/APWA standards for case workers and supervisors.

3. Foster parents should be trained for their role and given information on the child's needs, agency procedures and support services available.

4. Licensing procedures should be thorough enough to insure the agency, the child, and the foster family that the home is capable of providing care required for the child.

5. Adequate number and variety of foster homes must be developed to provide for children with special needs.

6. Licensing records must include full information needed for proper matching of child to home.

7. Physical, intellectual, and emotional needs of the children must be properly assessed and treated. A system of service purchase and follow-up should be instituted to insure this assessment and treatment.

8. Contacts with natural parents should be intensified and documented to facilitate long range planning for each child.

9. Efforts to locate parents whose whereabouts are known should be intensified for purposes of planning and financial support.

REPORT ON ARIZONA FOSTER CARE PROGRAM. September 12, 1975. Kaplan, Morris, Chairman; Subcommittee to Review Foster Care Program. (Report to the Arizona Department of Economic Security) Arizona Department of Economic Security, 1717 W. Jefferson, P.O. Box 6123, Phoenix, Arizona 85005.

PURPOSE: To describe and assess Arizona's Foster Care Program. To identify and analyze problems. To recommend solutions and action.

METHOD: Existing reports on the Foster Care Program were reviewed to determine recommendations made previously and whether or not these had been acted upon. Material from interested groups was also reviewed, especially material from the National Action for Foster Children and the State 4-C Committee. Standards For Foster Family Service Systems published by the Children's Bureau/American Public Welfare Association were used as a guide against which to evaluate aspects of the Foster Care Program. Staff members were interviewed to learn why previous recommendations had not been acted upon.

SUMMARY: The report gave a brief description of Arizona's Foster Care Program and its goals.

The program was assessed in comparison with CB/APWA standards on eight facets of foster care:

1. State laws relating to foster care
2. Licensing of foster homes
3. Community involvement in the Foster Care Program
4. Manuals, guide materials, and case records
5. Staff - qualifications, case load, and training
6. Alternatives to foster care, prevention of separation of child from natural family
7. Foster families - recruitment, training, and development
8. Services to foster children and their natural families and case planning

RECOMMENDATIONS: Based on opinions of those interviewed, key problems and recommendations were listed in order of priority:

1. The quality of Arizona's Foster Care Program varied widely from district to district and did not currently meet minimum CB/APWA Standards. Recommended certain objectives be met within set time frame to meet minimum standards.

2. Areas of responsibility must be clarified for organizational units and a system of accountability set up.

3. Training programs should be set up for orientation of administrative staff of Department of Economic Security and on-going training of workers, supervisors, and foster parents.

4. Cost/benefit analysis should be made to assess the value of different modes of care for children and their families.

5. Reasons for the rapid attrition of workers should be studied and remedied. Methods of recruiting qualified workers should be explored.

6. Adequate funds are required for expanded services and programs. Recommended investigating use of additional federal funds, Title XX funds, and use of the most cost effective method of child care.

7. The Department of Economic Security should develop programs to encourage participation of community groups in the foster care program via written material publicizing needs and programs. Invitations should be sent to groups soliciting their help in developing and evaluating the program and goals.

CHILDREN WAITING. Report on Foster Care. September, 1972. State of California; Health and Welfare Agency; Department of Social Welfare; State Social Welfare Board, 744 P Street, Sacramento, California 95814.

PURPOSE: To gather information on the foster care program in California. To evaluate the effectiveness of the program. To recommend changes for improvement.

METHOD: A random sample of 533 foster cases was selected from seven counties and reviewed with Agency directors and case workers.

Information on the natural parents of the children in the foster care sample was gathered in a two-part survey schedule.

Data was tabulated in 58 tables; data was raw, i.e., not validated.

Attitudes and experiences of 311 foster parents were surveyed through the California state Foster Parents Association.

Over 200 women's organizations were contacted to determine community awareness of the foster care program and attitudes toward it.

Public hearings were held for two days resulting in hundreds of pages of testimony on the program.

A task force composed of experts in fields relating to child welfare was organized into four subcommittees. Each subcommittee was assigned specific aspects of the foster care program for study.

The recommendations and proposals of the subcommittees, together with supporting data, formed the basis of this report.

SUMMARY: The report presented data in tables on:

1. Natural families of the children
2. Foster families
3. Costs of the program
4. Contact between natural parents(s) and child in foster care

5. Contact between natural parent(s) and agency worker

6. Contact between worker and foster family and/or child

7. Health status of foster children

8. Reasons for placement in foster care

9. Type of placement

Goals of the foster care program and evaluation of its effectiveness were presented in narrative form.

RECOMMENDATIONS: Thirty-four recommendations were suggested for improvement of the program. Major recommendations focused on the following aspects of service:

1. Measures designed to prevent family break-up and entry of child into foster care:

   A. Education to cope with life's problems should be available to families via appropriate courses through the school system.

   B. Comprehensive services must be available to aid the family in coping with problems, e.g., 24-hour emergency service, homemaker service, day care facilities, family shelters, counseling service, intensive case work, quick intake evaluation, and thorough planning.

2. Measures to insure effective planning and follow-up in the best interest of the child:

   A. State should develop and enforce standards for agencies and monitor reports and plans for each child.

   B. Staff should be trained.

   C. There should be a written plan for each child with time schedule for follow-up and evaluation.

   D. Adequate adoptive staff and service, including legal assistance, should be available at each locality.

E. State should aid foster parents desiring to adopt.

F. All possible efforts should be made to shorten the length of time a child remains in the foster care program and to reduce the number of different foster home placements.

3. Measures to improve foster homes:

A. Foster families should be given thorough orientation, training, and status as team members.

B. A wide variety of foster family homes should be recruited and professional training should be provided for those able to offer specialized care.

C. The needs of the child should be matched to the qualifications of the foster home.

D. Foster families should not be expected to cover costs of fingerprint checks, licensing fees, or inspection fees.

E. Foster parents should have a legally authorized grievance committee in each county.

F. State should increase its share of foster care costs to ease burden of localities.

G. State should study standardizing foster family reimbursements on a regional basis with annual adjustment. Reimbursement rates must be adequate to avoid attrition and spur development of special care homes.

4. Measures for improved coordination of services:

A. Committee in the state legislature which would review pending legislation affecting children is needed.

B. A Children's Service Bureau at the state level to promote and coordinate services for children should be established.

Response from women's groups contacted indicated very positive interest in projects related to foster care. The study recommended this be followed-up and encouraged.

DATA MATTERS. Topical Reports; Children in Foster Care. Report Register #340-0395-501. September 30, 1974. State of California Health and Welfare Agency. Department of Health. 744 P Street, Sacramento, California 95814.

PURPOSE: To describe and compare the California foster care caseload according to 14 variables. To define a frame of reference for comparing county and sub-group performance in providing service. This is the first in a proposed series of reports utilizing data collected through California's newly inaugurated Foster Care Registry System.

METHOD: Case information was reported by case workers on all children in the statewide foster care program. Data was computerized and tabulated.

SUMMARY: Data was furnished on 28,8[illegible] cases; 22,737 cases were served by public welfare agencies; 5,608 cases were served by other agencies. There were 540 reports which were inadequate for analysis and were not included in tabulations. The report gave machine tabulations on 28,345 cases on 14 variables with interpretations of the major findings. Variables included:

1. Age
2. Sex
3. Ethnic origin
4. Legal status
5. Reasons for entry into foster care
6. Health disability status
7. Number of different foster home placements
8. Time in foster care
9. Time in current foster care placement
10. Length of time since last evaluation of case
11. Service provider
12. Type of facility
13. Aid category
14. Reimbursement rate

REVIEW, SYNTHESIS AND RECOMMENDATIONS OF SEVEN FOSTER CARE STUDIES IN CALIFORNIA. 1974. Pascoe, Delmer J., M.D., Project Director; The Children's Research Institute of California. P. O. Box 448, Sacramento, California 95802. Under the United States Department of Health, Education and Welfare.

PURPOSE: To review and synthesize major recommenations of seven recent California studies on its foster care program. To establish priority ranking and implementation of those recommendations. To provide direction for change of public policy on foster care in a short restatement of problems identified, but not acted on, previously.

METHOD: Twelve consultants were selected from a range of experts in various fields related to child welfare. The consultants and Project Director reviewed the studies and extracted the major recommendations. According to the judgment of the consultants, the recommendations were ranked on priority of importance and practicality of implementation. Comments of the consultants were compiled into a narrative report. Unanswered questions were listed for further study.

SUMMARY OF RECOMMENATIONS: Diffusion of authority precluded effective supervision and coordination of foster care programs and prevented assignment of responsibility for success or failure. The consultants recommended:

1. A single Children's Service Department be developed at the state level to assure coordination and accountability of services.

2. Development of a better system of identification of children eligible for federal reimbursement for a portion of foster care costs, in order to save State Fund.

3. Establishment of a uniform statewide standard of work units per case worker, to standardize case work load and assure adequate attention to each child.

4. Establishment of a uniform foster family reimbursement rate, with allowances for special needs, on a regional basis.

5. Development of a data collection system to measure and monitor program effectiveness; identify adoptable children at an early age; identify best placement plan for a child; prepare data for federal, state and county officials; and assure case follow-up.

6. Provision of staff sufficient to monitor cases and programs.

7. Better coordination of units providing service to children within an agency, i.e., foster care unit, adoption unit, protective services.

8. Increased reimbursement rates to relatives providing foster care, so as not to lose this valuable source of care due to financial burden on the family.

9. Increased efforts to prevent entry of a child into the foster care program. This requires funding and resources to aid the family in crisis.

10. In cases where the child must be removed from his home, service to his natural family must continue so that the child's return is possible.

11. Written short and long term plans for each child to be carefully reviewed at a specified time, when a permanent plan should be agreed upon. Every effort should be made to place a child for adoption if return to natural parent is not possible.

12. Foster parent training programs should be provided and required and coupled with on-going consultation and adequate support services from the agency.

13. Training needs and programs for child services workers should be reviewed and revised, using federal funds where possible and coordinating with schools providing training in the child welfare and case work fields.

FOSTER CARE SURVEY. Iowa Department of Social Services; Bureau of Family and Adult Services; Report #1005. December, 1973. With the Office or Administrative Services, Division of Research and Statistics. Lucas State Office Building Des Moines, Iowa 50319.

PURPOSE: To gather data on all children under foster care in the State of Iowa in order to access whether or not foster care is the most productive continuing plan for the child. To identify needs of the foster children and assist the Department of Social Services to develop resources to meet the needs.

METHOD: The 5,481 children in foster care in the State of Iowa were surveyed via questionnaire completed by worker or agency responsible for each child. The questionnaire contained 17 sections including background information; living situation; legal status; physical, mental, and emotional condition; length of time in foster care; parental contact; and plans for the future.

Data was summarized according to:

1. Demographic characteristics of the children and their relatives

2. Future plans for the children

3. Groups of children in special situations or with special problems

SUMMARY: Meaningful contact between parent and child correlated positively with the child's well being, whether or not the parent was able to take the child home. The child having sustained parental interest was more apt to experience only one foster home placement, remained a shorter time in foster care, experienced less emotional disturbance, and was far more likely to receive needed treatment for disability than the child without parental interest. The child for whom the plan was to return home was similarly more likely to experience just one foster home placement. This child remained in foster care a shorter length of time, was less likely to be emotionally disturbed, and was more likely to receive treatment needed than the child for whom there was little expectation of returning home and no plan for the future.

Frequency of emotional disturbance and severity of emotional problems increased with length of time in foster care, number of moves to different foster homes, age of child, lack of plan for future and lack of parental

contact. Physical handicap did not correlate with plan to return home or degree of meaningful parental contact.

Expectation of returning home diminished as time in foster care increased. The number of different foster home placements increased with the length of time in foster care. After two or three moves a child lost ability to relate to a new family.

Children frequently returned to their natural homes after reaching the age of majority even though this was not considered feasible by the case worker during foster care.

RECOMMENDATIONS:

The study points up the importance of parental contact to the well being of the child. Every effort should be made by more intensive casework to prevent separation of the child from his family. Solutions to family problems should be explored to strengthen the family unit. Where this is not possible, meaningful parental contact should be encouraged to assure the child of parents' continuing affection.

Cases should be carefully monitored to prevent temporary placements drifting into indefinite or long-term foster care. Adequate planning for each child is of the utmost importance to his well being. Placement should carefully match the child's needs and the qualifications of the home, in order to avoid unnecessary moves.

FOSTER HOME CARE IN MASSACHUSETTS. (A Study of Foster Children, Their Biological and Foster Parents). 1973. Gruber, Alan R., D.S.W.; Commonwealth of Massachusetts. Governor's Commission on Adoption and Foster Care. 100 Cambridge Street, Boston, Massachusetts 02202.

PURPOSE: To identify the characteristics and problems of children in foster care in Massachusetts under the auspices of both public and private agencies. To make recommendations to the Governor's Commission on Adoption and Foster Care pertaining to those findings.

METHOD: Meetings were held with agency staff workers in the Foster Care Program to brief them on the scope and purpose of the study.

Data was collected on the 5,862 children in foster care on November 18, 1971 via questionnaire filled out by the worker most directly responsible for each child. Questionnaires on children not covered by a case worker were completed by the supervisor. Ninety-nine percent of the questionnaires were completed.

A ramdom sample of questionnaires were selected to check for reliability. Reliability was remarkably high.

A ramdom sample of natural parents was selected for interview to obtain data on the family background and parents of foster children. These 703 natural parents were contacted in order to interview 160 natural parents with children in foster care. Of this sample, 80% were female.

Foster parents caring for the children of these natural parents were interviewed for data on foster parents.

In addition to information obtained from the above sources, statistical data and information on policies and procedures was obtained from agencies caring for foster children.

SUMMARY: Major findings were:

1. More older chldren were in foster care than formerly.
2. More disturbed children were being placed in foster family homes rather than institutions.
3. Although foster care was intended to be a temporary solution to a family crisis, more often than not it became a permanent program for the child.

4. The average time in foster care was slightly under five years per child.

5. Many placements could have been avoided.

6. Many children should have been freed for adoption.

7. Many children in the foster care program did not receive adequate diagnostic and/or treatment services.

8. The Division of Family and Child Services did not move effectively to free children for adoption when the natural family demonstrated little or no interest in the child.

9. The needs of the children, their natural families, and foster families were not monitored. There was lack of accountability and a clear line of authority for follow-up of needs or services.

10. Children's records were inadequate and incomplete.

11. Foster families had increased responsibility without increased reimbursement, authority, training, or agency supportive services.

12. Little effort was made to keep the natural family together or reunite it after solution of problems precipitating separation.

13. Procedures and policies had permitted most parents to maintain parental rights without sustaining interest in, or responsibility for, their children.

14. The Division of Public Welfare was greatly understaffed and constantly attacked from all sides. This hindered effective work.

15. Administrative changes could and should be made, especially to assure careful planning, treatment, evaluation of disabilities, and referral for adoption.

RECOMMENDATIONS:

1. A special task force should be set up immediately to review the cases of all children in foster care to assure they receive attention needed. Plans for permanent placement, where feasible, should be instituted.

2. Purchase of homemaker, day care, and family counseling services should be available to the Division of Family and Child Services in order to prevent placement of a child in foster care where possible. Collecting data on available resources and needs should be the responsibility of a central office administrator.

3. The system perpetuates the ability of a parent to abandon his child without the stigma of having legally done so. Only continuing, active parental responsibihity can avoid this. The process of surrendering a child for foster care should be changed to include a written agreement signed by both parents (if possible). The agreement should state the responsibility to be carried out by the parent and the agency. The agreement should run no longer than a six-month period without renewal and revision of plan. This procedure must be followed carefully.

4. A comprehensive screening including medical, dental, psychological, and educational evaluation should be contracted for each child and should be a prerequisite to placement. The report should be in writing and included in the child's record. Recommended treatment should be monitored.

5. Additional legal staff should be employed to clarify the legal status of each child to protect his best interest. Every child should be considered a candidate for adoption regardless of age or disability.

6. Foster parents should be given authority to carry out responsibility given them. They should receive training and increased reimbursement. Support services from agencies must be readily available to foster parents. Liability insurance should be provided the foster parent for the foster child.

7. A special needs unit should be established to assure that children needing special services receive them.

8. Additional workers should be hired so that every family and child has a case worker assigned (over one-third of the children currently have no worker). Workers should be provided training. Adequate supervision and a system of accountability should be instituted.

9. Department policies should reflect clear lines of responsibility. Mechanisms for monitoring accountability should be established.

10. A Child Care Information Service and Cost Accounting System should be instituted to:

    A. Monitor and analyze Division activities

    B. Assist in decision-making

    C. Collect data on service and effectiveness

    D. Utilize cost-benefit analysis

VERMONT COMMITTED CHILDREN STUDY. Volume IV: Recommendations. August, 1973. Cresap, McCormick and Paget, Inc., for the Agency of Human Services. 128 State Street, Montpelier, Vermont 05002.

This document is the fourth volume of a four phase report on the children committed to the custody of Vermont. It presents consultant's recommendations based on findings of the preceding phases of the study.

Volume I reviews the legal framework governing the committment and care of the children in Vermont. Volume II presents data on the committed children, their family backgrounds, reasons for commitment, their placement and care. Volume III presents information on the system of service delivery and evaluation of effectiveness.

METHOD: During the planning stage of the study interviews were held with members of the legal profession and other professions dealing with the placement, planning, and care of children. Records and reports were reviewed. On the basis of the foregoing the study plan was formulated.

Data was collected on a large sample of the children committed to the custody of Vermont, through a detailed questionnaire. Case records on the children were reviewed by a study team and agency workers.

Persons, agencies, and institutions providing services to children were interviewed, services documented, and achievement assessed.

SUMMARY: Nine major problems rendering the quality and effectiveness of care for committed children in Vermont less efficient than desirable are addressed and discussed at length.

1. Basic goals and purposes of care are not clearly defined. The purpose of the care should be clearly understood. The extent of state responsibility for individualized care and treatment should be fixed. At the present time most state institutions, group homes, and foster family homes are not specialized for a particular type care; children are not receiving individualized placements.

2. Authority for developing effective systems of care and responsibility for results are frequently overlapping and diffused due to the multiplicity of agencies and authorities charged with aspects of child care.

3. A major weakness of the system is the lack of long range planning for needed resources and facilities. This is due to the year to year budgeting process; chronic underfunding; and lack of leadership, and responsibility.

4. Community resources which could prevent separation of a child from his natural family, facilities for children with special physical and emotional problems, and alternatives to institutional care are in short supply.

5. Diagnosis of a child's problems and plans for treatment are inadequate.

   A. Workers are uninformed about the child's condition.

   B. There is no system for implementing a treatment plan.

   C. Case information and treatment plans frequently are not properly recorded.

   D. There is no system for evaluation of the treatment or the plan.

6. Persons responsible for care are not held accountable.

   A. Workers are not required to review and account for results of plans or treatment.

   B. The agency or institution does not report to the public. This is necessary for public support as well as accountability.

7. Professional skills needed to attain higher standards of care and treatment are lacking.

   A. Highly trained professional workers are few.

   B. Social workers are not required to have a degree in social work or a related field.

C. Other child care workers such as cottage parents are not required to be professionally trained.

D. Supervisors and other directing care are generally not trained in child welfare, supervisory techniques, or counseling.

8. Staff skills available are not efficiently utilized.

9. There is no thorough system of follow-up evaluation or review of case plans and treatment.

RECOMMENDATIONS:

1. The report makes a number of legal recommendations having specific application to the State of Vermont.

2. Several recommendations are made regarding the organization of responsibilities for services for children, i.e., a network of regional Children's Service Centers having greater responsibility and authority than currently exists.

3. Regional Citizens Advisory Councils should be established to:

A. Improve accountability to the community to those entrusted with the responsibility and care of committed children.

B. Enhance community awareness of the needs of children in state custody.

C. Advocate community support for improved funding and services to meet the needs of these children.

D. Assist and advise staff as requested.

4. Traveling teams of expert consultants should be hired to aid Regional Children's Service Centers in diagnosis, case planning, review, and staff training.

5. Service contracts (reviewable and revocable if not adhered to) should be purchased from local sources and private agencies to provide:

A. Physical and mental screening of children

B. Diagnostic work-up on each child

C. Treatment plans for each child

D. Foster family and group homes for special care

E. Training programs prior to, and during, employment of workers and staff of Regional Centers.

6. Local treatment and placement facilities should be planned cooperatively with agencies at the local level to avoid overlapping and duplication of some facilities and inadequacies in others.

7. Recruitment and licensing of foster family homes should be transferred from the state central office to the local office to insure that the type and quality of the home meets local needs. Licensing should precisely define service offered, type of care each home is qualified to give, qualifications of staff, and other pertinent information.

8. State should control group homes and their development more than it does at present. State should review group homes annually.

9. Case work:

A. Records should provide complete information on each child adequate for effective planning.

B. Planning should be an orderly process which:

* Identifies problems

* Defines steps toward solution

* Describes work methods

* Commits resources

* Assigns responsibility

* Sets time frame and schedules

* Is recorded

* Is periodically reviewed, evaluated, and revised.

C. Service should be provided to the child and his family.

10. Agency efficiency:

    A. Increase number of workers in order to ease work load and increase effectiveness.

    B. Increase use of paraprofessionals in order to make more efficient use of professional skills available and eventually prevent many children from becoming committed children.

    C. Intensify supervision of workers to improve quality of service and worker training.

    D. Increase supervisors' responsibility for workers' performance.

    E. Regular and comprehensive training programs should be developed at the state level and should be required of all workers. Training programs should cover:

        * Interviewing techniques

        * Child development

        * Group therapy

        * Planning goals

        * Definition of objectives

        * Supervisory techniques (for supervisory staff)

11. Roles of institutions should be redefined to include services at special treatment centers offering specific services.

    A. Institutions must not be a convenient dumping ground for placement of unmanageable children.

    B. Individual treatment plans should be developed for each child in institutions.

    C. Only children needing the special treatment or close supervision offered by an institution should be placed there.

    D. Specialized care facilities must offer alternatives to institutional care where needed to serve child's special needs.

12. Planning and provision for adequate facilities requires accurate data on needs. Efficient data collection system should be instituted.

13. A biennial Governor's Conference on problems of children should be convened. This would encourage exchange of information and public advocacy for children's needs.